

# California - Child and Family Services Review

## Tuolumne County System Improvement Plan May 12, 2019 – May 12, 2023



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# California – Child and Family Services Review Signature Sheet

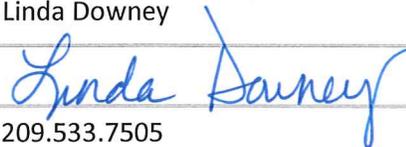
For submittal of:    CSA     SIP     Progress Report

County	Tuolumne County
SIP Period Dates	05/12/19 – 05/12/24
Outcome Data Period	Q2 2018

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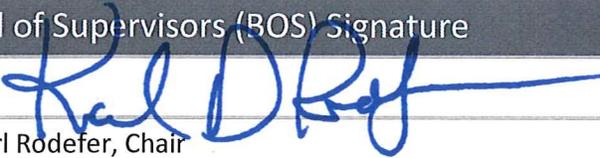
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## Introduction

### **Background – Child and Family Services Review**

In 1994, amendments to the Social Security Act (SSA) authorized the U.S. Department of Health and Human Services (HHS) to review state child and family service programs' conformity with the requirements in Titles IV-B and IV-E of the SSA. In response, the Federal Children's Bureau initiated the Child and Family Services Reviews (CFSR) nationwide in 2000. It marked the first time the federal government evaluated state child welfare service programs using performance-based outcome measures, in contrast to solely assessing indicators of processes associated with the provision of child welfare services. California was first reviewed by the Federal Health and Human Services Agency in 2002 and began its first round of the CFSRs in the same year. Ultimately, the goal of these reviews is to help states achieve consistent improvement in child welfare service delivery and outcomes essential to the safety, permanency, and well-being of children and their families.

### **California Child and Family Services Review (C-CFSR)**

The California Child and Family Services Review (C-CFSR), an outcomes-based review mandated by the Child Welfare System Improvement and Accountability Act (Assembly Bill 636), was passed by the state legislature in 2001. The goal of the C-CFSR is to establish and subsequently strengthen a system of accountability for child and family outcomes resulting from the array of services offered by California's Child Welfare Services. As a state-county partnership, this accountability system is an enhanced version of the federal oversight system mandated by Congress to monitor states' performance and is comprised of multiple elements.

### **Quarterly Outcome and Accountability Data Reports**

The California Department of Social Services (CDSS) issues quarterly data reports which include key safety, permanency, and well-being outcomes for each county. These quarterly reports provide summary-level federal and state program measures that serve as the basis for the C-CFSR and are used to track performance over time. Data are used to inform and guide both the assessment and planning processes and are used to analyze policies and procedures. This level of evaluation allows for a systematic assessment of program strengths and limitations in order to improve service delivery. Linking program processes or performance with federal and state outcomes helps staff to evaluate their progress and modify the program or practice as appropriate. Information obtained can be used by program managers to make decisions about future program goals, strategies, and options. In addition, this reporting cycle is consistent with the notion that data analysis of this type is best viewed as a continuous process, as opposed to a one-time activity for the purpose of quality improvement.

### **County Self-Assessment (CSA)**

The County Self-Assessment (CSA) is developed by the lead agencies, Child Welfare Services (CWS) and Juvenile Probation, in coordination with their local community and prevention partners, whose fundamental responsibilities align with CWS' view of a continual system of improvement and accountability. The CSA includes a multidisciplinary needs assessment to be conducted once every five

years. Largely, information gathered from the CSA serves as the foundation for the County System Improvement Plan (SIP).

The CSA affords an opportunity for the quantitative analysis of child welfare data. The purpose of the CSA is to comprehensively assess the full array of child welfare and Probation programs from prevention and protection through permanency and aftercare. The CSA is the analytic vehicle by which counties determine effectiveness of current practice, programs and resources across the continuum of child welfare and probation placement services, and identifies areas to target for system improvement.

Embedded in the CSA process is the Peer Review. The design of the Peer Review is intended to provide counties with issue-specific, qualitative information gathered by outside peer experts. Information is garnered through intensive social worker and Probation officer interviews. This information, along with stakeholders' and focus groups' input, helps to illuminate areas of program strength, as well as those in which improvement is needed. In September 2018, Tuolumne County completed its Peer Review. In the past, counties developed a separate plan for expenditure of federal and state funds for the Promoting Safe and Stable Families (PSSF), Child Abuse Prevention, Intervention and Treatment (CAPIT) and Community Based Child Abuse Prevention (CBCAP). In June 2008, the CDSS, in collaboration with the California Welfare Directors' Association (CWDA), announced integration of the CAPIT, CBCAP, and PSSF plan into the C-CFSR. To minimize duplicative processes, maximize resources, and increase partnerships and communication between organizations, the CAPIT/CBCAP/PSSF Plan has been integrated into the CSA and SIP process. These funds support the County to provide a continuum of services for children and families with an emphasis on prevention and early intervention.

## **System Improvement Plan (SIP)**

Incorporating data collected through the CSA, the final component of the C-CSFR is the System Improvement Plan (SIP). The SIP serves as the operational agreement between the county and state, outlining how the county will improve its system to provide better outcomes for children, youth and families. The SIP includes a coordinated service provision plan for how the county will utilize prevention, early intervention and treatment funds (CAPIT/CBCAP/PSSF) to strengthen and preserve families, and to help children find permanent families when they are unable to return to their families of origin. Quarterly county data reports, quarterly monitoring by the CDSS, and annual SIP progress reports are the mechanism for tracking a county's progress. The SIP, developed every five years, includes specific action steps, timeframes, and improvement targets and is approved by the Board of Supervisors (BOS) and the CDSS. The plan is a commitment to specific measurable improvements in performance outcomes that the county will achieve within a defined timeframe, including prevention strategies. Counties, in partnership with the State, utilize quarterly data reports to track progress. The process is a continuous cycle and the County systematically attempts to improve outcomes. The SIP is updated yearly and thus, becomes one mechanism through which counties report on progress toward meeting agreed upon improvement goals.

## **Quarterly Outcome and Accountability Data Reports**

The CDSS Outcomes and Accountability Bureau (CSOAB) issues quarterly data reports which include key safety, permanency, and well-being outcomes for each county. These quarterly reports provide summary-level federal and state program measures serving as the basis for the C-CFSR and are used to track performance over time. Data is used to inform and guide both the CSA and SIP development processes and is used to determine if current county policies and procedures are in line with changes identified through the CSA and SIP. This level of evaluation allows for a systematic assessment of program strengths and limitations to improve service delivery.

## California Case Review

The CDSS implemented the Case Review program in August 2015. Case Reviews are conducted in every California county and are viewed by the CDSS as an essential component to county and state Continuous Quality Improvement (CQI) processes. California is currently using the Administration for Children and Families' (ACF) Onsite Review Instrument (OSRI) for review of all cases. County Case Review staff conduct a qualitative review of a number of cases each quarter as determined by overall caseload, inclusive of probation. Qualitative case reviews are an important way to gather data about the “how” and the “why” questions associated with CQI. These case level data complement the quantitative data obtained through systems such as the California Child Welfare Indicators Project (CCWIP), SafeMeasures® and Business Objects reports.<sup>1</sup>

## System Improvement Plan (SIP) Progress Report

The SIP is updated yearly. This update provides the County with a mechanism through which it can report on progress toward meeting agreed upon improvement goals. This report is the Annual System Improvement Plan Progress Report. Linking program processes or performance with federal and state outcomes helps staff to evaluate their progress and modify the program or practice as appropriate. Information obtained can be used by program managers to make decisions about future program goals, strategies, and options. In addition, quarterly reporting is consistent with the notion that data analysis of this type is best viewed as a continuous process, as opposed to a one-time activity for the purpose of quality improvement.

## Tuolumne County's Approach to Planning the C-CFSR

The C-CFSR Planning Core Team acts as the driver in the C-CFSR process. They began meeting in March 2018. During the following months they met regularly to review the prior CSA and SIP Progress Reports and identify the priority outcomes for the current CSA and SIP. Tuolumne County chose to utilize Q2 2018 data as the baseline for the CSA development. C-CFSR process encourages agency and community partner participation. Feedback from the community who might benefit or be affected by changes made to the system is critical.

A variety of methods were used to gather stakeholder and community feedback for the CSA. The Team engaged the community in conversations about the quality of the Child Welfare and Probation placement system and provision of services to children and families. This included focus groups, interviews, and a large stakeholder meeting. Tuolumne County had extensive stakeholder input on the development of the SIP throughout the CSA process.

The Peer Review was held in September 2018. Peer reviewers for Child Welfare included social workers from Amador, Calaveras, Del Norte, Lassen, Modoc and Plumas counties and Probation officers from Amador, Calaveras, and Mendocino counties. These counties were selected because they are performing well in the identified focus areas.

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<sup>1</sup> Child Welfare Services Case Review Policies and Procedures Manual, Version 1, CDSS, October 2015

# SIP Narrative

## C-CFSR Team and Core Representatives

The Tuolumne County 2018-19 Child and Family Services Review team included the following individuals:

- Cori Allen, Deputy Director, Adult, Child and Family Services
- Michelle Clark, Program Manager, Adult, Child and Family Services
- Joelle Kewish, Juvenile Division Manager, Probation
- Erica Magee, CDSS Outcomes and Accountability Bureau
- La Fatima Jones, CDSS Office of Child Abuse Prevention
- Lisa Molinar and Karen Gunderson, Shared Vision Consultants

This team met monthly to prepare for completion of the CSA. Supervisory staff from Child Welfare Services and Probation also participated in a portion of team meetings to prepare the CSA.

## STAKEHOLDER AND CONSUMER INPUT

Focus groups were held with parents, youth, caregivers, the court, staff and leadership for both CWS and Probation. Resource families and parents were surveyed.

In addition to the focus groups and the representatives listed above, the CSA process sought to involve a wide variety of service providers and other community stakeholders in the events leading up to writing the CSA. On October 5, 2018,<sup>2</sup> Tuolumne County CWS and Juvenile Probation held a large community forum. The forum was organized into two sections. The first portion of the meeting was dedicated to providing an overview of the continuous quality improvement measures taking place in both agencies and to provide a historical background on the work currently being done. Participants were provided an overview of AB 636 and given information on different elements of the CSA and SIP. Following this presentation, CWS and Probation each discussed their department's data trends while drawing special attention to how this data is used to determine if the departments are meeting the State and/or national outcome measures. This discussion naturally transitioned into a session in which the departments explained the rationale behind the selection of the Peer Review focus area.

The second portion of this event was dedicated to eliciting stakeholder feedback. The following list of participants was created in response to recommendations suggested in the California Department of Social Services Children's Services Outcomes and Accountability Bureau C-CFSR Instruction Manual:

2018 Stakeholder Participation	
Name	Agency/Department
Kristen Youngman	ATCAA ECS
Patty Aguiar	ATCAA ECS
Heather Carter	Center for a NonViolent Community (CNVC)

<sup>2</sup> The original stakeholder meeting was held on August 15, 2018, but due to the attendance of only a few individuals, the group recommended rescheduling to increase attendance in hopes of obtaining broader input. The County rescheduled to October 5, 2018 and the attendance was significantly improved.

Donita Osborne	Salvation Army
Karen McGettigan	HSA – CQI for CWS
Melissa Parrish	Tuolumne County Public Health
Rebecca Espino	Tuolumne County Dept of Social Services
Amber Milbourn	Foster/Resource Family
Joshua Milbourn	Foster/Resource Family
Jennie Day	DSS - WtW
Erin Gandolfo-Brune	RFA
Dana Gross	Public Defender
Mark Dyken	Family Resource Center (JFRC)/Superintendent of Schools (TCSOS)
Lisa Logan	Tuolumne DA
Laura Sunday	Center for a Nonviolent Community (CNVC)
Jamie Kish	CNVC
Laurie May	Court
Rob Egger	Superintendent of Schools (TCSOS)
Colleen Whitlock	TCSOS
Ruth Caldwell	TC Health Dept
Carol E. Nicholson	Tuolumne County Behavioral Health (TCBH)
Laureen Eversole	TCBH
Paul Castonguay	TCBH
Sue McGuire	TCBH
Lindsey Philpot	CDSS - Adoptions
Bob White	YES/ATCAA
Neil Evans	Sheriff's Office
Laura Krieg	Tuolumne County DA
Ginger Martin	Tuolumne County DA VW

In addition to the large stakeholder group, the following focus groups were held in 2018:

- Social Worker Focus Group
- Social Worker Supervisor Focus Group
- Probation Officers and Supervisor Focus Group
- Service Providers Focus Group
- Child Welfare Parents Focus Group
- Child Welfare Youth Focus Group
- Probation Parents Focus Group
- Probation Youth Focus Group
- Resource Families Focus Group
- Court Focus Group

In preparation for the SIP, a Stakeholder Orientation was held on February 11, 2019. Attendees included:

- Cori Allen, Deputy Director, DSS

- La Fatima Jones, CDSS OCAP Liaison
- Heather Albertson, Social Services Supervisor, CWS
- Michie Anderson, Social Services Supervisor, CWS
- Macejko DeLacy, Social Services Supervisor, CWS
- Michelle Clark, CWS Program Manager, DSS
- Diana Carpenter, Tuolumne Band of Me Wuk Indians Department of Social Services
- Cathy Parker, Tuolumne County Superintendent of Schools
- Julie Rains Davis, Center for a NonViolent Community
- Erin Gandolfo-Brune, RFA Supervisor, DSS
- Ann Connolly, HSA Director
- Claudia Forster, LMFT, Clinician
- Joelle Kewish, Juvenile Division Manager, Probation
- Michael Wilson, Behavioral Health Director
- Linda Downey, Chief of Probation
- Dan Hawks, Assistant Chief of Probation

The peer review findings, along with stakeholder and focus group feedback, assisted the core leadership team to identify populations at greatest risk of maltreatment and service array gaps and needs, which laid the groundwork for the development of this five-year SIP. Because Tuolumne County Children Welfare Services (CWS) and the Probation Department meet with county partners on a continual basis, their input is also included by participating in county committees and work groups.

## Prioritization of Outcome Data Measure or Systemic Factors

### Child Welfare Summary of Outcome Data Measures and Strategy Rationale

The section below includes an overview of Tuolumne County's current performance in outcome measures defined by State and Federal guidelines. Each section will include a definition of the measure, a data set, and an analysis of Tuolumne County's performance based on the County Self-Assessment (CSA Baseline data) as of Quarter 1 2018. The most recent data is Quarter 4 2018 and is presented as well. Services available to families funded by Child Abuse Prevention, Intervention and Treatment (CAPIT), Community-Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) dollars that have impacted outcomes will also be highlighted below. Some data sets are clarified with further information from SafeMeasures® and other information collected from the University of California, Berkeley, California Child Welfare Indicators Project (CCWIP) website.

When analyzing data from smaller counties, it's important to note that small numbers of individuals can significantly impact percentages causing data to swing dramatically. Additionally, in relatively small populations such as children in foster care, breaking data out by age or ethnicity may not be useful because the number of individuals in the various "cells" may be zero, one or two and no meaningful trends or conclusions can be drawn. For some of the outcome measures below, the data is not broken out further for such reasons.

General data observations:

- Although the general child population of the county has been declining, the rate of allegations and substantiations of child abuse has been increasing, but the rate at which children are entering foster care is lower.
- If reunification doesn't occur by 18 months, it is unlikely to occur at a later time.
- Placement stability has continued to improve over the last three years.

### CHILD WELFARE OUTCOME DATA MEASURES ABOVE (OR BETTER THAN) THE NATIONAL STANDARD

As mentioned in the Outcome Data Measures section of the CSA, Tuolumne County CWS is performing better than the National Standard in the following outcomes:

#### **S1 – Maltreatment in Foster Care**

This measure is defined as "Of all children in care during the 12-month period, what is the rate of victimization per day of foster care?" It is expressed as a rate per 100,000 days of foster care combined for all the children considered in foster care during the reporting period. The National Standard for this measure is 8.5. During the reporting period, April 1, 2017 to March 31, 2018 (Q1 2018), Tuolumne County's children experienced a maltreatment rate of 3.4 (or 1 in 29,408 days) in foster care, which is better than the National Standard. Since the CSA baseline, the County's most recent performance is zero incidents of maltreatment.

National Standard

CSA Baseline (Q1 2018)

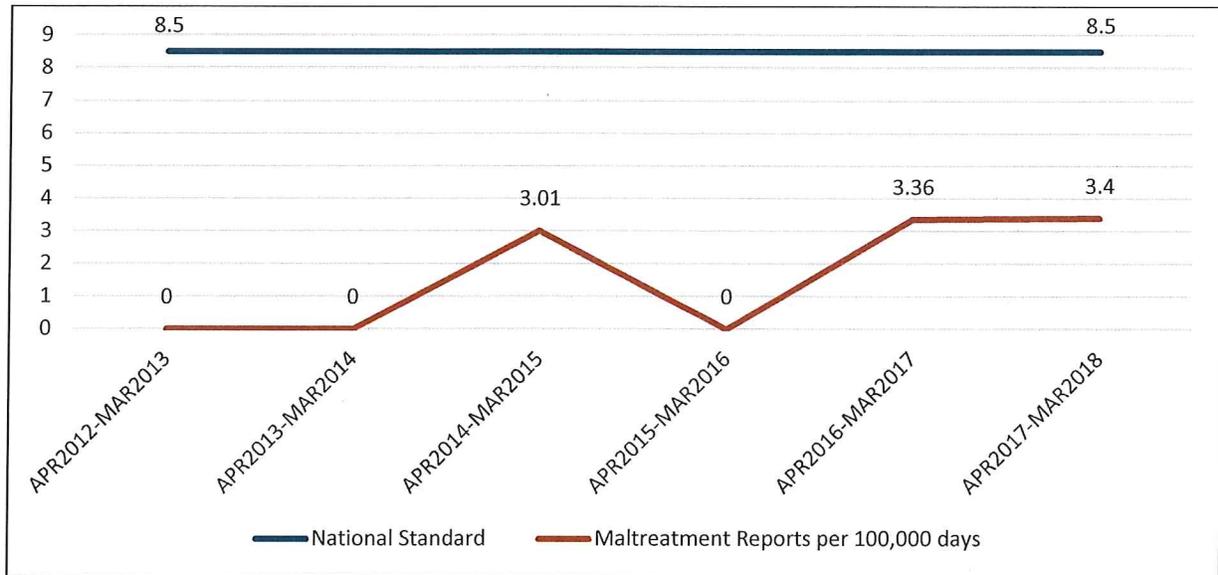
Most Recent Performance (Q4 2018)

8.5

3.4

0.0

FIGURE 1 - S1 - MALTREATMENT IN FOSTER CARE



This measure has been variable from year to year, but consistently performing better than the National Standard. The most recent reporting period's rate, 3.4 children per 100,000 days, is the "highest" in recent years (Figure 1). The only group of children experiencing substantiated maltreatment in foster care at a rate above the National Standard are children aged under 1 (Figure 2). The data in Figure 2 represents one child and one incident.

FIGURE 2- MALTREATMENT IN FOSTER CARE BY AGE GROUP (APRIL 2017 – MARCH 2018)

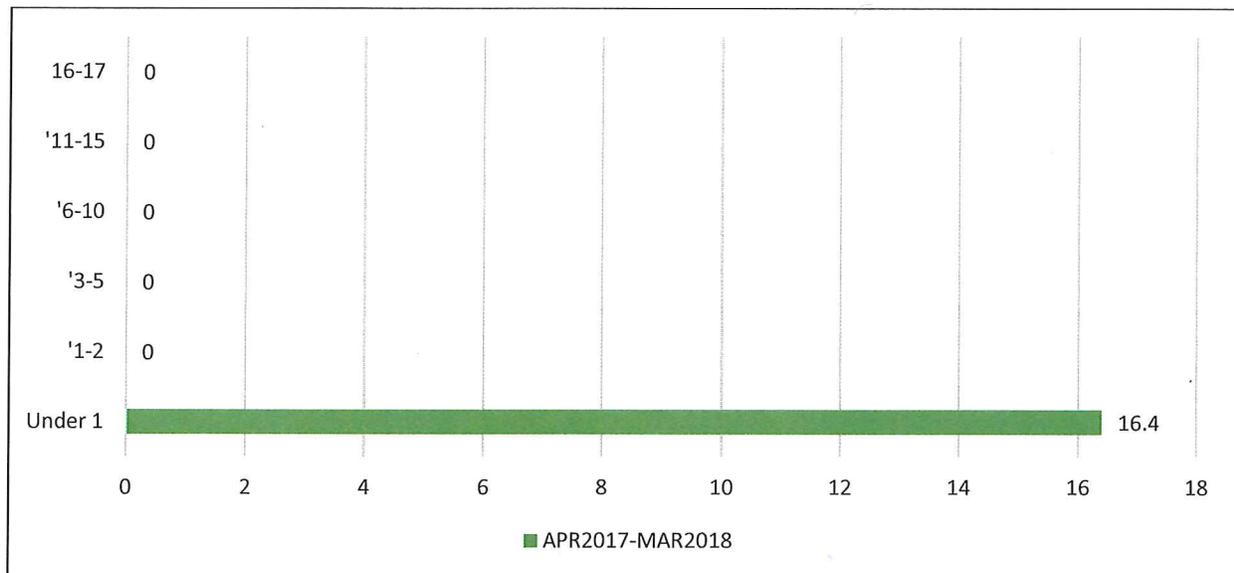
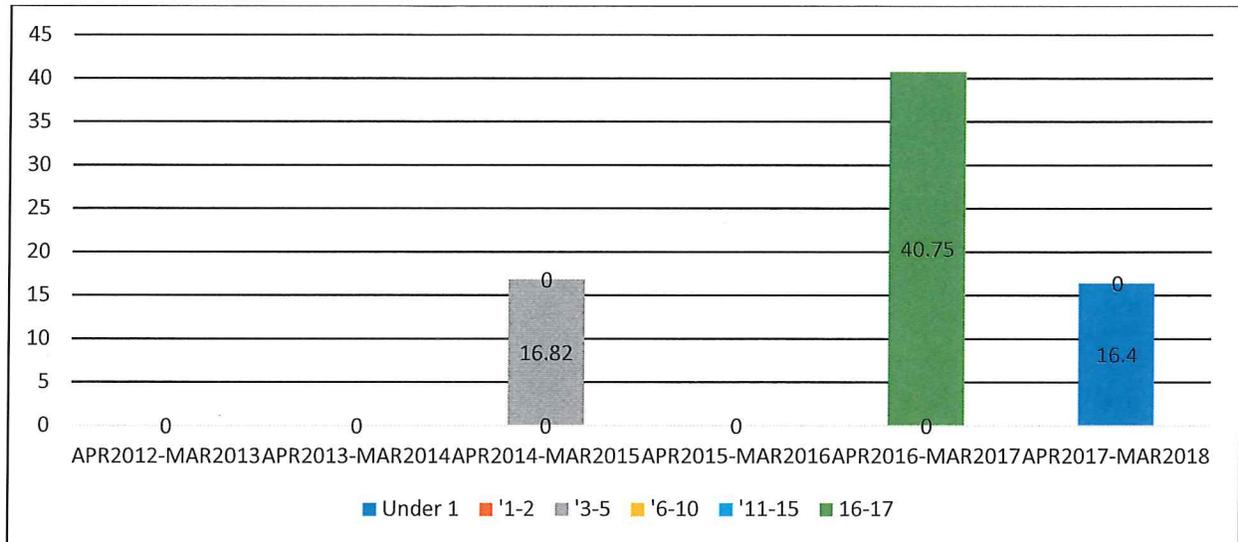


Figure 3 below indicates that over the last five years, there has not been one age group consistently represented. This data represents one incident of maltreatment to one child in foster care in each of the years in which there was an incident of maltreatment. In each case, it was the only incident in that year.

FIGURE 3 - MALTREATMENT IN FOSTER CARE OVER 5 YEARS BY AGE



### **P3 – Permanency in 12 Months (children in foster care 24 months or more)**

This measure is defined as “Of all children in foster care on the first day of a 12-month period, who had been in foster care (in that episode) for 24 months or more, what percent discharged to permanency within 12 months of the first day of the 12-month period?”

The National Standard for this measure is 30.3%. During the reporting period, April 1, 2017 to March 31, 2018 (Q1 2018), 37.5% (6 of 16) of children exited to permanency. This is currently better than the National Standard. Figure 4 shows there has been a variable trend in this measure. Overall the measure has been below the National Standard which is 30.3%, for four of the last five years. It is worth noting that with 16 children in the reporting population, each child counts for 6.3 percentage points. Thus, one child can change the performance by 6 percentage points. Since the CSA baseline, this measure has improved 44.4% with 12 children achieving permanency.

National Standard	CSA Baseline (Q1 2018)	Most Recent Performance (Q4 2018)
30.3%	37.5%	54.2%

FIGURE 4: P3 - PERMANENCY FOR CHILDREN IN CARE OVER 24 MONTHS (BASELINE)

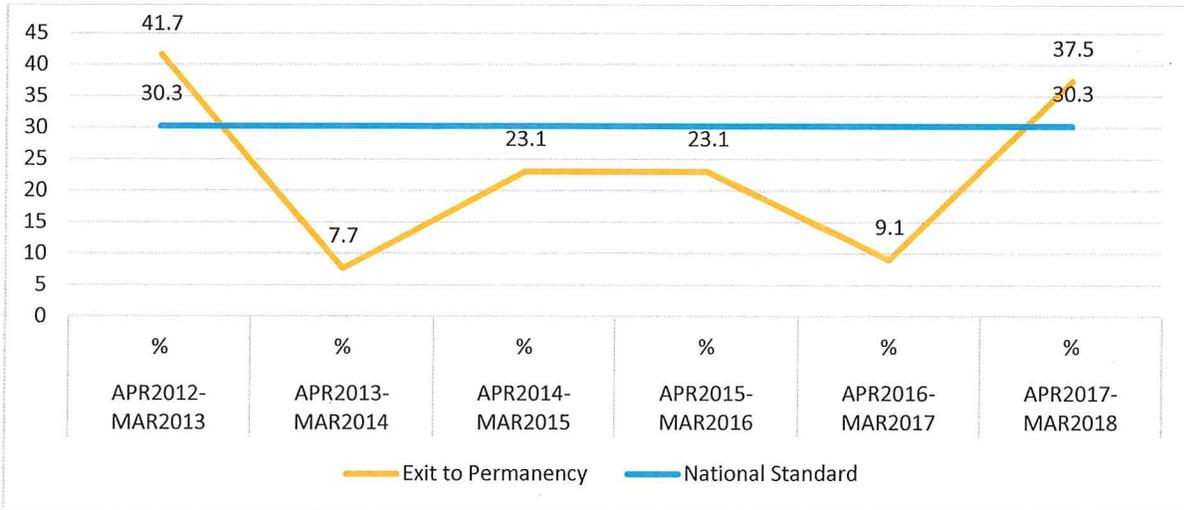


Figure 5 reveals that most children who exited foster care exited to permanency through adoption. No children reunified. More than half of the children in this cohort remain in care.

FIGURE 5: P3 PERMANENCY (%) BY AGE GROUP – (BASELINE)

	Under 1	1-2	3-5	6-10	11-15	16-17	All
	%	%	%	%	%	%	%
Exited to reunification	.	.	.	.	.	.	.
Exited to adoption	.	50.0	100	40.0	.	.	37.5
Exited to guardianship	.	.	.	.	.	.	.
Exited to non-permanency	.	.	.	.	.	50.0	6.3
Still in care	.	50.0	.	60.0	100	50.0	56.3
Total	.	100	100	100	100	100	100

Figure 6 below shows the highest ethnic group to achieve permanency is White. The same percentage of White children also remain in care.

FIGURE 6: P3 PERMANENCY (%) BY ETHNICITY

	Black	White	Latino	Asian/P.I.	Nat Amer	Missing	All
	%	%	%	%	%	%	%
Exited to reunification	.	.	.	.	.	.	.
Exited to adoption	.	46.2	.	.	.	.	37.5
Exited to guardianship	.	.	.	.	.	.	.
Exited to non-permanency	.	7.7	.	.	.	.	6.3
Still in care	.	46.2	100	.	100	.	56.3
Total	.	100	100	.	100	.	100

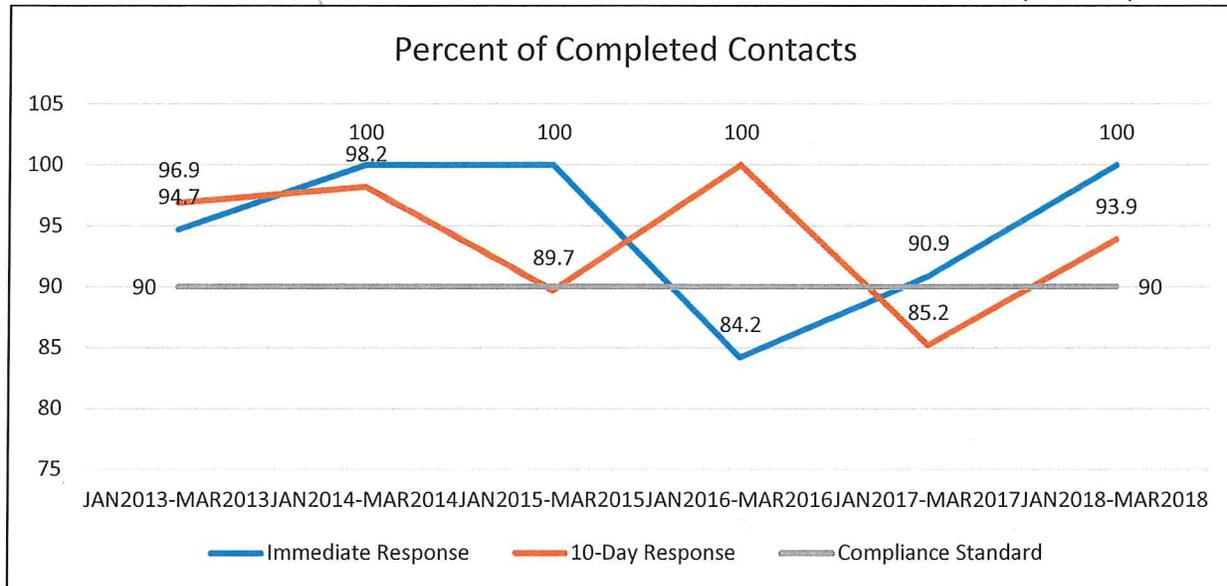
### **2B – Referrals by Time to Investigation (Immediate and 10-day Response)**

These reports are defined as “the number of child abuse and neglect referrals that require, and then receive, an in-person investigation within the time frame specified by the referral response type. Referrals with status “attempted” or “completed” are included in the numerator. Referrals are classified as either “immediate response” (within 24 hrs.) or “10-day response.”

The compliance standard for 2B is 90.0% of referrals receiving a timely in-person investigation. Over a five-year period (Figure 7), timely response has fluctuated. Immediate response has remained above the compliance standard with the exception of January – March 2016, while 10-day responses have been less consistent. During the most recent reporting period, January 1, 2018 to March 31, 2018 (Q1 2018), 100% of immediate response referrals were investigated timely. Of the referrals that required a 10-day response, 93.9% received a timely response, above the National Standard. This one-time quarter exception in compliance is likely affected by social worker vacancies which continue to be a challenge to the County. The most recent performance (Q4) shows a slight decline since the CSA baseline but over time has generally exceeded 90%.

Compliance Standard	CSA Baseline (Q1 2018)	Most Recent Performance (Q4 2018)
90% - Immediate	100%	95.7%
90% - 10-Day	93.9%	80%

FIGURE 7: 2B TIMELY RESPONSE OF COMPLETE CONTACTS FOR IMMEDIATE AND 10 DAY REFERRALS (Baseline)



Regarding ethnic group, 10-day response referrals were investigated slightly below the compliance standard for White children (not pictured). Figure 8 breaks out completed contacts for 10-day response by age group for the most recent reporting period. During this reporting period, 10-day response investigations for children under one year and for children 6-10 years did not meet the timely response standard.

FIGURE 8: PERCENT OF TIMELY RESPONSE FOR 10-DAY REFERRALS BY AGE (BASELINE)

Percent	Under 1	1-2	3-5	6-10	11-15	16-17	18-20	All
Timely Response	75.0	100	100	86.7	100	100	.	93.9
No Timely Response	25.0	0.0	0.0	13.3	0.0	0.0	.	6.1
In Total	100	100	100	100	100	100	.	100

### CHILD WELFARE OUTCOMES NEEDING IMPROVEMENT:

Tuolumne County has chosen to prioritize the permanency outcome measures which are below the National Standard in the identified SIP strategies. However, the identified strategies are also likely to positively affect performance on the measure related to the recurrence of maltreatment as well because of the increased family engagement, assessing and addressing trauma, staff training and retention, etc.

#### **S2 – Recurrence of Maltreatment**

This measure is defined as “Of all children with a substantiated allegation during the 12-month period, what percent had another substantiated allegation within 12 months?” The National Standard for this measure is 9.1%. Desired performance is at or below the National Standard. During the reporting period, April 1, 2016 to March 31, 2017 (Q1 2018), 10.3% of children (13 of 126) experienced a recurrence of maltreatment, higher than the National Standard. Tuolumne County’s Recurrence of Maltreatment measure has fluctuated over the past five years (Figure 9), with a 28% decline from the highest, 14.4% (April 1, 2014 to March 31, 2015) to the most recent 10.3%, representing 13 children (April 1, 2016 to

March 31, 2017). The swings in the data are most likely due to the relatively small population of children – a sibling group can swing the data multiple percentage points (Figure 10). The most recent performance, on the basis of Quarter 4 2018 data, shows an improvement of 45.9%. Because of this fluctuation in performance and the small numbers of children involved, it is difficult to find patterns that could help identify systemic issues that would help suggest a strategy for improvement. Due to this limitation and the current performance below the National Standard, this outcome has not been prioritized for the SIP.

National Standard	CSA Baseline (Q1 2018)	Most Recent Performance (Q4 2018)
9.1%	10.3%	5.6%

FIGURE 9- S2 RECURRENCE OF MALTREATMENT IN PERCENTAGES (BASELINE PERIODS)

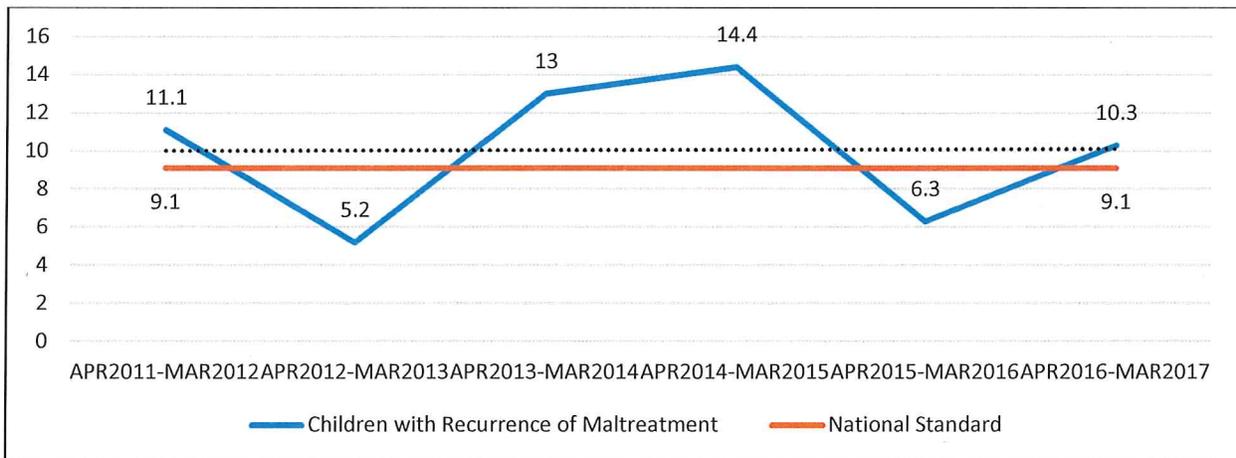


FIGURE 10 RECURRENCE OF MALTREATMENT BY NUMBERS OF CHILDREN (BASELINE PERIOD)

COUNT	12-month period ending March				
	2013	2014	2015	2016	2017
	n	n	n	n	n
Children with recurrence	7	24	26	10	13
Children with no recurrence	127	161	154	149	113
Total	134	185	180	159	126

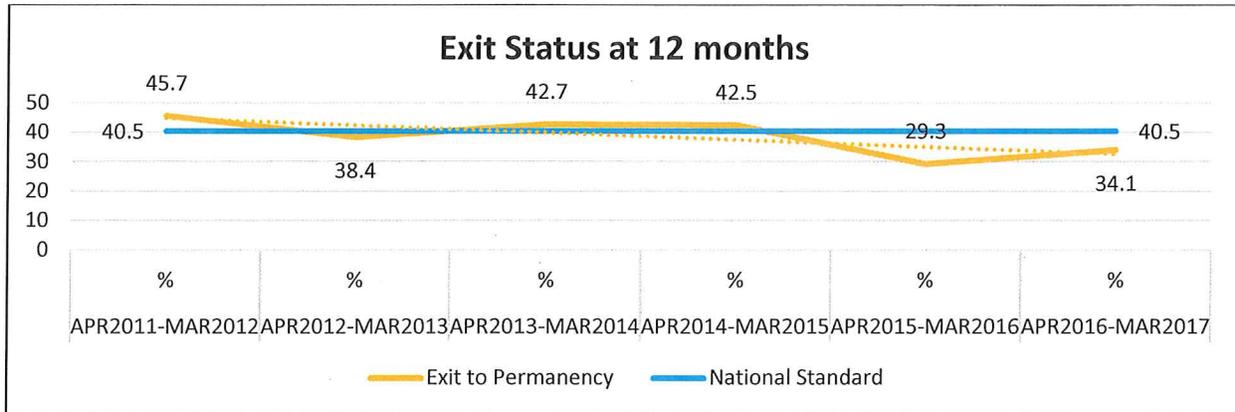
**P1 – Permanency in 12 Months for Children Entering Foster Care**

This measure is defined as “Of all children who enter foster care in a 12-month period, what percent discharged to permanency within 12 months of entering foster care?” The National Standard for this measure is 40.5%. The desired performance is at or above the National Standard. The most recent performance, April 1, 2016 to March 31, 2017(Q1 2018) is 34.1%, which is below the National Standard (Figure 11). Up until the last two 12-month periods identified below, the County had been performing better than or near the National Standard. There were 14 children (of 41 who entered) who achieved

permanency during this period (April 2016 to March 2017). The most recent performance since the baseline shows a 10.8% improvement since the baseline.

National Standard	CSA Baseline (Q1 2018)	Most Recent Performance (Q4 2018)
40.5%	34.1%	39.6%

FIGURE 11 - P1 PERMANENCY WITHIN 12 MONTHS



Breaking out the data by exit type, Figure 12 shows that reunification is the only type of permanency achieved within 12 months over the last three years. The last two years indicate that proportionally fewer children are reunifying than in prior years. This data seems consistent with the findings of the Peer Review which identified some challenges related to permanency, specifically that the Court extends reunification beyond 12 months and that most hearings are contested which creates further delays.

Prior SIP updates identified that hearing delays due to continuances and contested hearings have affected the ability to achieve reunification within 12 months. A trend identified in Tuolumne County is that a contested hearing is often filed when the termination hearing is scheduled. For example, one case was continued nine months due to continuances and contests. The benefits of such delays and extensions is unclear. Outcome Measures P2 and P3 (Permanency for children in care 12-24 months, or over 24 months respectively) show that no reunifications occur after 12 months. This suggests that extending reunification services beyond 12 months does not increase the chance of reunification but simply delays permanency for children, without gain.

One of the challenges related to services required by the Dependency Drug Court (DDC) are the case plans that are not specific to the individual parents' needs. Additionally, peer county reviewers noted that the substance abuse treatment services that are provided are neither evidence-based nor trauma-informed. Strategy 1 below includes training in trauma-informed strategies. This training will include court personnel as well. Less effective services may negatively affect a parent's ability to reunify and to maintain the family together without relapsing. Various stakeholders have mentioned the need for better and more timely access to substance abuse treatment and mental health services. Delays in appointments, establishing eligibility, and lack of availability of psychiatric services have been noted as barriers.

Visits between parents and children were also an area highlighted by peer reviewers as being challenging. The peer reviewers also expressed concern that visits were granted or not, on the basis of recent drug test results and compliance rather than the needs of the children.

FIGURE 12: PERMANENCY WITHIN 12 MONTHS BY TYPE OF PERMANENCY

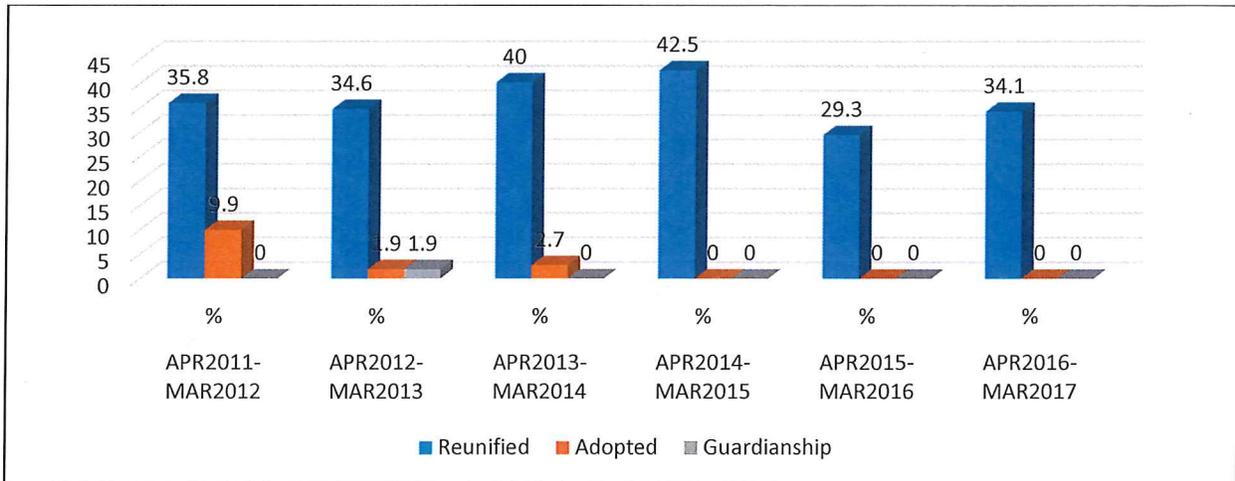


Figure 13 reveals that children age 11-17 reunify at the highest rate whereas children age 1-2 reunify at the lowest rates.

FIGURE 13: P1 - PERMANENCY BY AGE GROUP BY TYPE OF PERMANENCY

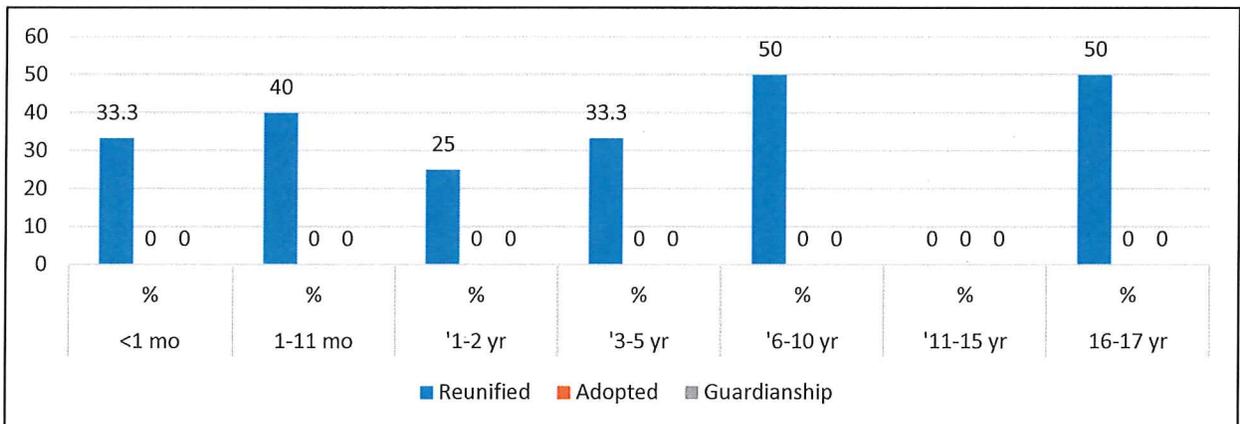
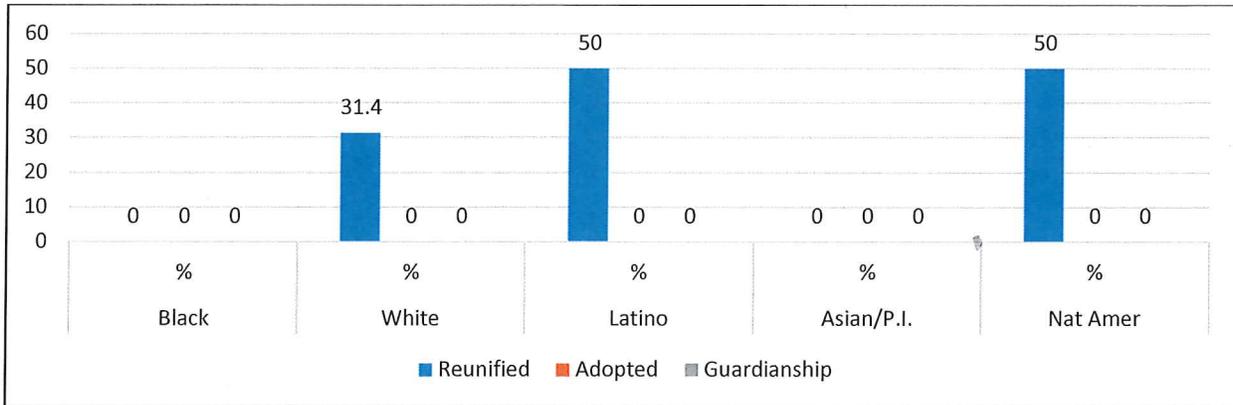


Figure 14 is an example of how small sample size may give misleading results. This graph indicates Native American and Latino children reunify at the highest rate; however, these children only represent three of the 14 children who reunified during this time frame. Therefore, it is not reasonable to make any programmatic conclusions from this data. For the most recent reporting period, no children achieved permanency through adoption or guardianship within 12 months.

FIGURE 14: P1 PERMANENCY BY ETHNICITY



**P2 – Permanency in 12 Months (children in foster care 12-23 months)**

This measure is defined as “Of all children in foster care on the first day of the 12-month period who had been in foster care (in that episode) between 12 and 23 months, what percent discharged from foster care to permanency within 12 months of the first day of the 12-month period?” The National Standard is 43.6% of children will exit to permanency. During this period of reporting, April 1, 2017 to March 31, 2018 (Q1 2018), 32% (8 of 25) of children in care 12-23 months exited to permanency. While the County has performed better than the National Standard in the past, Figure 15 below shows a decline in the performance in the two most recent years dropping below the National Standard. The most recent performance on this measure shows an 82.9% improvement since the baseline period. Data (not shown) suggests that increase was largely driven by an increase in reunifications for children who have been in care between 12 and 23 months. In Figure 16 below, in the baseline period and the prior period, there were no reunifications for this population of children.

National Standard	CSA Baseline (Q1 2018)	Most Recent Performance (Q4 2018)
43.6%	32.0%	76.2%

FIGURE 15: P2 – PERMANENCY - TIME IN CARE: 12 TO 24 MONTHS

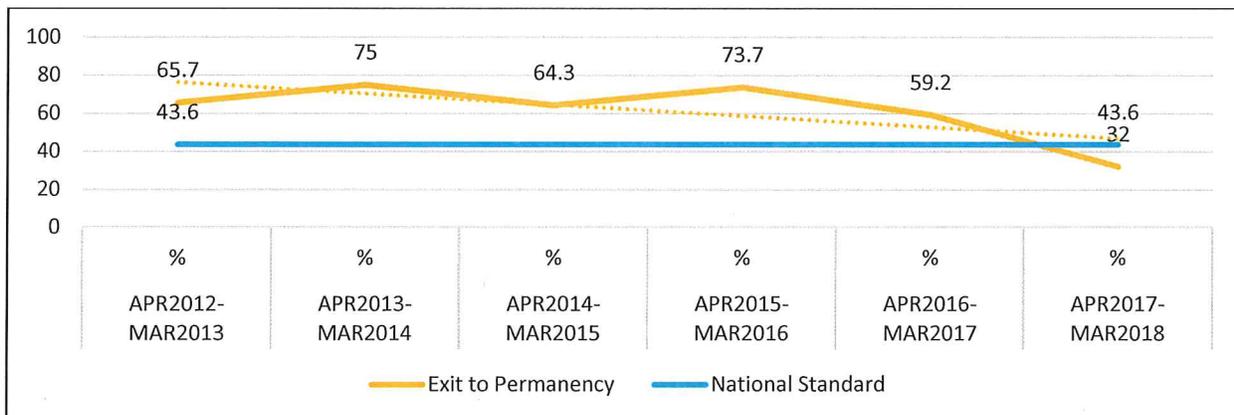


Figure 16 reveals that exits to permanency have fluctuated over the past five years by exit category but until the April 1, 2016, to March 31, 2017, reporting period, more children exit to permanency than remain in care.

FIGURE 16: P2 EXIT TO PERMANENCY 12-23 MONTHS IN CARE OVER 5 YEARS (%) (BASELINE PERIODS)

	APR2012- MAR2013	APR2013- MAR2014	APR2014- MAR2015	APR2015- MAR2016	APR2016- MAR2017	APR2017- MAR2018
Exited to reunification	34.3	20.0	35.7	26.3	.	.
Exited to adoption	25.7	55.0	28.6	47.4	44.4	28.0
Exited to guardianship	5.7	.	.	.	14.8	4.0
Exited to non-permanency	.	5.0	.	.	.	.
Still in care	34.3	20.0	35.7	26.3	40.7	68.0
Total	100	100	100	100	100	100

Figure 17 also indicates that there were no exits to reunification for children who have been in care between 12 and 24 months for the last two years in the reporting period. This is accompanied by a significant increase in the proportion of children remaining in care in each of those two years.

FIGURE 17: PERMANENCY FOR CHILDREN IN FOSTER CARE BY AGE GROUP FOR REPORTING PERIOD ENDING MARCH 2018

Type of Exit	Age Group						Total
	Under 1	1-2	3-5	6-10	11-15	16-17	
	n	n	n	n	n	n	n
Exited to reunification	.	.	.	.	.	.	.
Exited to adoption	.	1	3	2	1	1	8
Exited to guardianship	.	.	.	.	1	.	1
Exited to non-permanency	.	.	.	.	.	.	.
Still in care	.	1	4	4	4	3	16
Total	.	2	7	6	6	4	25

Due to the small numbers in each cell when breaking out the data by age or ethnicity, it is difficult to draw any meaningful conclusions. This data overall raises two issues: the decline in exits to permanency for children over 12 months in the last two years, and more specifically, the lack of reunifications after 12 months in the last two years. In a review of some of the children still in care, the County identified that it tends to be children with behavioral and mental health challenges that are less likely to achieve permanency. The County is hopeful that as Community Care Reform (CCR) and the Presumptive Transfer of Specialty Mental Health Services become fully implemented as intended, then children with higher needs will receive needed services more quickly and positively impact permanency outcomes.

Another view of exits is following entry cohorts. Figure 18 below identifies when and how children exit foster care over time, i.e., 3 month, 6 months, 12 months, 18 months, etc. It also identifies how many children are still in care at that point in time. This data shows that reunifications continue to occur up to

18 months but not after that. After 18 months, children tend to exit mainly through adoption and guardianship.

FIGURE 18: EXIT STATUS FOR CHILDREN WHO ENTERED DURING 12-MONTH PERIOD

Oct 1, 2015 to Sep 30, 2016					Apr 1, 2015 to Mar 31, 2016					Oct 1, 2014 to Sep 30, 2015					
COUNT	Exit Status at				Exit Status at					Exit Status at					
	3 m	6 m	12 m	18 m	3 m	6 m	12 m	18 m	24 m	3 m	6 m	12 m	18 m	24 m	30 m
Reunified	1	3	17	19	1	2	17	20	20	4	6	23	29	29	29
Adopted	.	.	.	7	.	.	.	5	12	.	.	.	6	13	21
Guardianship	.	1	1	1	.	.	.	.	1	.	.	.	4	5	6
Aged Out/Emancipated	.	.	1	1	.	.	1	2	2	.	.	.	1	1	2
Other	.	.	.	.	1	1	1	1	1	1	2	2	2	2	2
Still in care	45	42	27	18	56	55	39	30	22	70	67	50	33	25	15

California Child Welfare Indicators Project (CCWIP) - Foster care entry cohort outcomes - Data Source: CWS/CMS 2018 Quarter 2 Extract.

#### **P4 – Re-Entry into Foster Care**

This measure is defined as “Of all children who enter foster care in a 12-month period who discharged within 12 months to reunification, living with a relative(s), or guardianship, what percent re-enter foster care within 12 months of their discharge?” The National Standard for P4 is 8.3%. During this period, April 1, 2015, to March 31, 2016, two out of 17 children or 11.8% of children re-entered after achieving permanency. Both children were white and over age 11. Because of the small sample size, breaking out this data by age and ethnicity is not meaningful (Figure 19). Over the past five years, the County has performed better than the National Standard until the most recent year. The data in each of the prior years represents one child each year where there was a re-entry. The low number of entries in the 12-month period ending March 2016 and the additional child that reentered over prior years significantly raised the percentage. The most recent data indicates a decline in performance by 112.5%; however, because the numbers are very small, this increase represents one more child re-entering than re-entered in the baseline period.

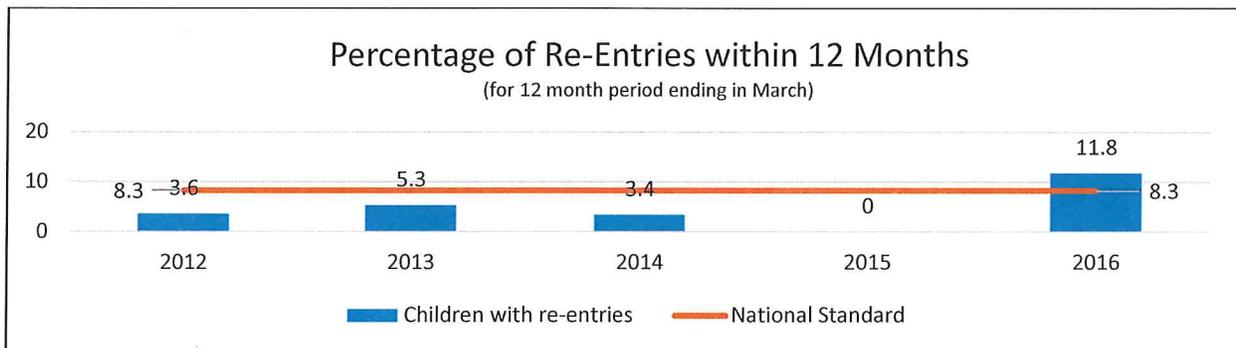
National Standard	CSA Baseline (Q1 2018)	Current Progress (Q4 2018)
8.3%	11.8%	25%

Children can re-enter foster care for a number of reasons usually having to do with their parents’ capacity to safely care for them. This loss of capacity can be relapse into substance abuse, reoccurrence of a mental health condition, incarceration, or other issues. Focus groups identified that both parents and children are underserved regarding behavioral health, including both mental health and substance abuse treatment. A survey of resource families reinforced this perception as well and emphasized the importance of timely services being available when they are needed. Strategy 2 will focus on re-entry and ways in which these issues impact families’ efforts to reunify.

A Parent Partner Program was implemented in September of 2012. Because substance abuse impacts the majority of Tuolumne County CWS families, a special recruitment effort focused on parents with a history of substance abuse. A positive increase in interest was spurred by active efforts to engage parents in the Dependency Drug Court (DDC) process. A review of data reveals Tuolumne County re-entry rates had been improving since the inception of the last SIP and its Parent Partner strategy (funded through PSSF). Similarly, the Parent Leadership Training, funded through CBCAP, can work to engage parents previously involved with CWS.

The Visitation Center also offers services designed to mitigate foster care re-entry with community partners, Public Health, AmeriCorps, and others available to support families toward safety, permanency, and well-being.

FIGURE 19: P4 - RE-ENTRY INTO FOSTER CARE



### **P5 - Placement Stability**

This measure is defined as “Of all children who enter care in the 12-month period, what is the rate of placement moves per day of foster care?” The National Standard is less than or equal to 4.12 moves per 1000 foster care days. During the reporting period, April 1, 2017 to March 31, 2018 (Q1, 2018), Tuolumne children experienced a 5.93 rate of placement moves per 1,000 placement days (49 placement moves over 8,262 placement days). The most recent data for this measure represents a decline in performance of 40.8%.

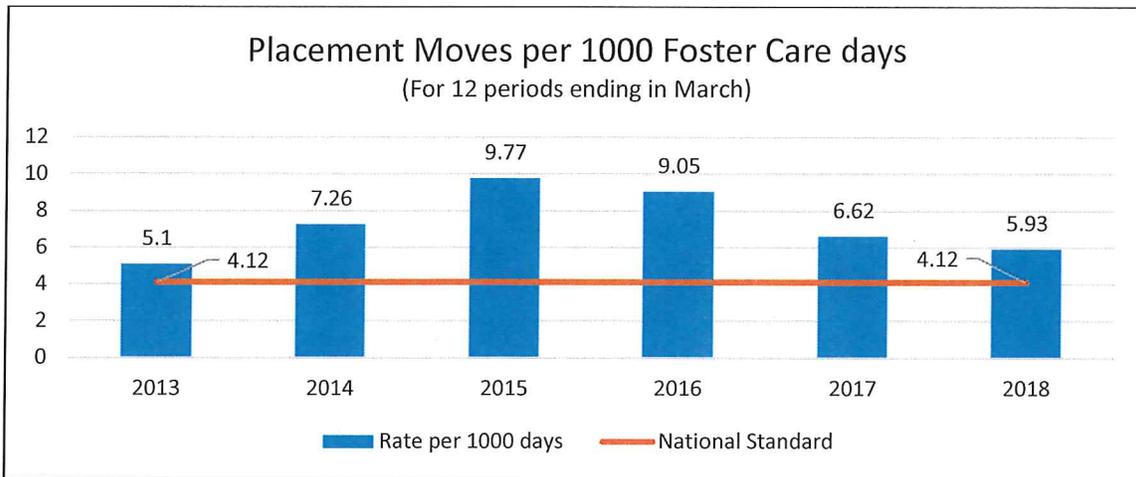
National Standard	CSA Baseline (Q1 2018)	Current Progress (Q4 2018)
4.12	5.9	8.5

As seen in Figure 20, the stability rate performance has been improving over the last three years but is still not meeting the National Standard. The County’s practice of CFT meetings as well as engaging youth to participate in their placement selections are likely contributing to the improvement. In a youth focus group, youth spoke positively about being able to participate in the placement selection. The other major change over the last few years has been the implementation of the resource family approval (RFA) process and the Quality Parenting Initiative (QPI) which has generally been viewed as having a positive impact.

Figure 20 below breaks out placement stability data by age groups. The data shows that only children under age 1 experienced placement moves at rates lower than the National Standard. Children ages 11-15 had the lowest placement stability rate at 27.6 placement moves per 1,000 days. When stratified by

ethnic group, of the White and Latino children in care, only Latino children met the placement moves National Standard (0).

FIGURE 20: P5 - PLACEMENT STABILITY OVER 5 YEARS

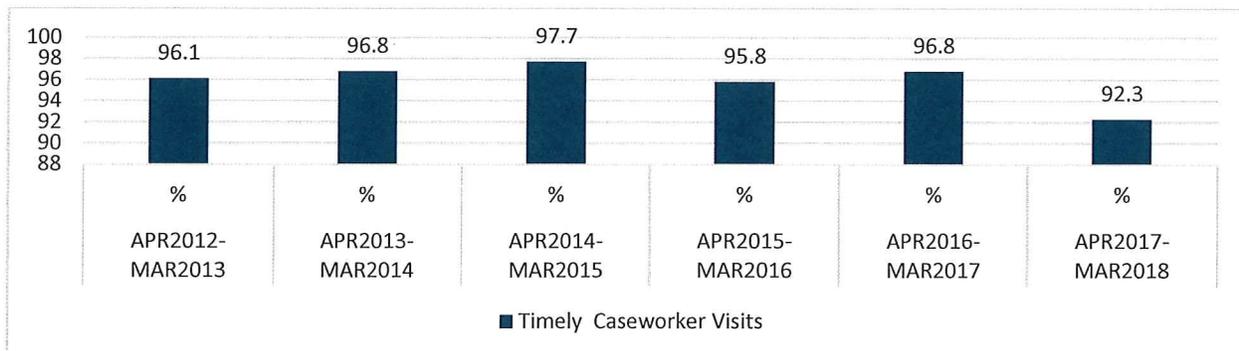


**2F – By Year, Timely Monthly Caseworker Visit (out of home)**

This measure is defined as “the percentage of children in placement who are visited by caseworkers. Each child in placement for an entire month must be visited at least once.” The National Standard for 2F is 95.0%. During the reporting period, April 1, 2017 to March 31, 2018 (Q1, 2018), Tuolumne County achieved timely caseworker visits on 92.3% of cases. In Figure 21, measure 2F is displayed by year over a five-year span. All caseworker visit percentages have fluctuated over time and only dropped under the National Standard during this reporting period.

National Standard	CSA Baseline (Q1 2018)	Current Progress (Q4 2018)
95%	92.3%	99%

FIGURE 21: 2F BY YEAR



In breaking out the data by age (Figure 22), only visits to children aged 1-5 years met the National Standard, however when breaking the data out by ethnicity, no one ethnic group met the National Standard. The National Standard for 2F (in the residence) is 50.0%. During the reporting period, April 1,

2017, to March 31, 2018, Tuolumne County achieved timely caseworker visits in the residence in 58.2% of cases, exceeding the standard.

FIGURE 22 - TIMELY MONTHLY VISIT BY AGE

Age Group	Children in Out-of-Home Placement	Placement Months	Months with Visits	Percent with Visits	Months with Visits in the Residence	Percent with Visits in the Residence
	n	n	n	%	n	%
Under 1	24	132	125	94.7	74	59.2
1-2	17	115	111	96.5	61	55.0
3-5	19	134	128	95.5	78	60.9
6-10	22	155	139	89.7	88	63.3
11-15	13	101	90	89.1	50	55.6
16-17	8	52	43	82.7	19	44.2
Total	103	689	636	92.3	370	58.2

## CHILD WELFARE STRATEGIES FOR IMPROVEMENT

The strategies chosen for the Child Welfare part of the SIP are consistent with the needs identified in the CSA. The following section describes the strategies selected for the 2019 – 2023 SIP. In many ways, the strategies selected are interconnected and complement each other. The implementation of these four strategies needs to be coordinated and integrated so that they align for staff, partners and, ultimately, the consumers. For example, the Core Practice Model (CPM), Child and Family Teams (CFTs), Safety Organized Practice (SOP), and the Child and Adolescent Needs and Strengths (CANS) assessment all rely on effective child, youth and/or family engagement but all have a different focus (e.g., CANS is focused more on the child, SOP and behaviorally-based case plans, more on the parents.). For implementation, these efforts need to be integrated and aligned so some action steps may appear to be overlapping. In addition to the permanency outcomes, the County also wants to focus on systemic issues related to staff retention, related to the systemic factor on Training. Without a stable, competent and developed workforce, other efforts at improvement will be compromised and fail to reach their potential.

### **Strategy #1**

Implement Core Practice Model (CPM) and Daring Leadership practices and trauma-informed strategies to advance leadership and workforce development in order to improve staff retention.

### **Purpose/Justification Rationale**

Tuolumne County staff are dedicated to the goals of child protection from prevention through reunification and permanency. Both veteran and new staff work together with families and community members to achieve the best outcomes for the children and families they serve. At the same time, as noted in the CSA, Tuolumne County, like many other counties in California, faces the continuing challenge of staff turnover. This strategy is dedicated to decreasing staff turnover from a rate of 50%

to 30%. Turnover has resulted in frequent caseworker changes and increased workloads. The County is unlikely to make progress in improving outcomes for children and families as long as it has high staff turnover.

To address these challenges, the County will implement evidence-based practices which will positively impact the workforce and leadership. Additionally, the County will implement trauma-informed strategies that will enhance the workforce as well as advance trauma-informed practices.

All California child welfare agencies are implementing the Core Practice Model (CPM) over the next few years. This evidence informed model integrates key elements of existing initiatives and proven practices such as the California Partners for Permanency (CAPP), Pathways to Permanency (the *Katie A.* Core Practice Model), and SOP. The CPM is intended to guide practice, service delivery, and decision-making. This model<sup>3</sup> includes:

- A Theoretical Framework provides a cohesive foundation to the model.
- Values link theory to practice.
- Casework Components describe what the work is.
- Practice Elements describe how the work is done.
- Behaviors operationalize the model
  - Foundational Behaviors
  - Practice Behaviors
  - Leadership Behaviors
- Additional information on CPM can be found at: <https://calswec.berkeley.edu/programs-and-services/child-welfare-service-training-program/core-practice-model/about>

The CPM leadership behaviors embody the values of the practice model and seek to create an organizational culture and climate that supports learning and individual development, teamwork, critical thinking, self-reflection, engagement, and cultural humility. Additionally, the leadership behaviors are applicable to directors, managers, supervisors and staff. By implementing the CPM Leadership Behaviors across levels of management, the overall climate of the agency is changed and what staff learn through their training is reinforced because leadership models the same behaviors and values. This role modeling increases the likelihood that social workers' behavior in the field with children and families will change as well. This practice change will more effectively engage the children and families who social workers serve and lead to better outcomes.

The CPM behaviors help to create a climate where staff are engaged, respected, and feel they are given adequate resources to support their optimal performance. Furthermore, staff are encouraged to be part of the change process, and to develop professionally. Leadership will develop staff to think critically and feel confident to make important case decisions. The Daring Leadership model, which is consistent with the CPM, will further support this strategy. Daring leadership is a collection of four skill sets that are 100% teachable, observable, and measurable. The foundational skill set of courage-building is

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<sup>3</sup> <https://calswec.berkeley.edu/programs-and-services/child-welfare-service-training-program/core-practice-model/about>

“rumbling with vulnerability.” Once these rumbling skills are developed, the other three skill sets: Living into Our Values, Braving Trust, and Learning to Rise are developed.

As another part of this strategy, the County will establish a multi-level workgroup to develop recommendations to improve staff retention and development. This workgroup will link with agency leadership whose role is to help support implementation of the recommended strategies for staff retention. The workgroup will also develop a plan to track and monitor the effectiveness of the strategies and make modifications accordingly.

The County will also partner with Chadwick Center as a part of their ACTS (Advancing California's Trauma-Informed Systems) Project Team. The goal of the ACT Project is to work with Child Welfare Services organizations to create and advance trauma-informed practices. They will provide resource sharing, workforce- and leadership-focused training, as well as time-limited technical assistance on implementing and sustaining the desired practices. An assessment will be conducted in order to create an individualized organizational plan to become a more trauma-informed system from the top down.

This strategy is aimed at staff well-being and development, which will improve staff satisfaction and retention. It is anticipated the outcome of these action steps will also enhance child safety at all points in the case process, develop good working relationships among all those who are involved with the child or youth, and lead to improved permanency outcomes for children and youth (P-1).

### **Action Steps**

- A. Establish a work group that will meet monthly and will be led by an internal CPM Champion that includes supervisors, social workers and, support staff to make recommendations on staff retention. This multi-level work group will ensure that all angles of the staff retention issue are analyzed and a variety of strategies are considered; including establishing expectations among all levels of leadership regarding the adoption of leadership behaviors, workforce development, and retention strategies.
- B. Establish communication protocol/linkage and mutual agreement with agency leadership, such as Program Managers, Deputy Directors, and the Director, to assist with problem-solving around barriers. Having an established protocol will ensure that there are clear mechanisms in place to handle problem-solving.
- C. Changes aimed to improve staff well-being will be implemented. These include but are not limited to coaching, modeling, attention to office culture/atmosphere, and marketing CPM foundational and practice behaviors, and Daring Leadership.
- D. The work group will develop an evaluation plan for tracking and evaluating the strategies developed and implemented to improve staff recruitment, staff retention, and succession planning in the short term.
- E. Upon hiring, an onboarding program that will include a warm welcome and training for social workers will be developed that is efficient and infused with the CPM values and practice behaviors.
- F. The division will also consider conducting a brief employee satisfaction survey on a regular basis (annual or semi-annual) and seek to create other avenues of staff feedback and input alongside any countywide employee surveys.

- G. Research and utilize funding options including grants or collaborative funding options that may support this strategy.
- H. DSS Child Welfare Services will enter into a partnership with the Chadwick Center and develop a plan to implement ACTS.
- I. The organizational assessment will be conducted by ACTS and an individualized plan for the agency will be developed that will focus on creation of a trauma-informed workplace.
- J. Staff will be introduced to ACTS and engaged in the activities implemented through the individualized Agency plan.
- K. The division leadership team will monitor staff retention rates and evaluate the effectiveness of this strategy over the long term and make modifications as needed.

**Evaluation**

The Program Manager maintains retention statistics. The work group will review these statistics monthly. It will, at a minimum, track the recruitment statistics (e.g., the number of social worker applications and new hires), turnover rate, exit interview data, and promotion data. The Adult, Child and Family Services Division (the Division) will also consider conducting a brief employee satisfaction survey on a regular basis (annual or semi-annual) and seek to create other avenues of staff feedback and input. Continuous Quality Improvement data will be reviewed quarterly to evaluate retention issues as they are revealed.

**Systemic Changes Needed to Support Improvement Goal**

The changes necessary to support this improvement goal involve integrating CPM Leadership behaviors and trauma-informed practices. Develop and implement trauma-informed organizational policies and procedures in partnership with the Chadwick Center ACTS team.

**Educational/Training Needs to Achieve the Goal**

The working group that addresses this strategy will need to be trained in, and practice using, the leadership behaviors. Additionally, training related to the ACTS implementation will be needed. Partnership with the CQI Case Review team and training in relation to this CQI component will be needed.

**Roles of Other Partners in Achieving the Goal**

ACTS Team, UC Davis, CPM Director’s Institute, County HR, and the CQI Team will provide support.

**Technical Assistance**

Utilize technical assistance from the Chadwick Center ACTS Team, Regional Training Academy and resources available through CalSWEC<sup>4</sup>.

<sup>4</sup><https://calswec.berkeley.edu/programs-and-services/child-welfare-service-training-program/california-child-welfare-core-practice>

## Strategy #2

Through timely Child and Family Team Meetings, individualized and behaviorally-based case plans will be developed through parent engagement and input. Case plans will be specific to the parents' identified individual needs, goal driven, and developed in a manner to promote behavioral change as it relates to creating safety for their children.

### Strategy Rationale:

When children must be removed from their families to ensure their safety, the first goal is to reunite them with their families as soon as possible. Child welfare agencies implement multifaceted strategies that build on family strengths and address concerns. According to the Child Welfare Information Gateway<sup>5</sup>, such strategies may include family engagement, maintaining family and cultural connections, connecting families to evidence-based services, regular and frequent visits among family members and with the social worker, and parent education. By focusing on writing individualized and behaviorally-based case plans, this strategy will focus on the behavioral changes that are necessary for parents to demonstrate that they can safely parent their children. This strategy will interweave teaming with the framework of Safety Organized Practice (SOP). As defined by the Central California Training Academy (CCTA), SOP is a collaborative practice approach that emphasizes the importance of teamwork in child welfare. SOP aims to build and strengthen partnerships with the child welfare agency, and within families by involving their informal support networks of friends and family members. SOP uses strategies and techniques that align with the belief that a child and his or her family are the central focus and the partnership exists to find solutions that ensure safety, permanency, and well-being for children. SOP is informed by an integration of practices and approaches, including:

- Solution-based casework
- Signs of Safety
- Structured Decision Making
- Child and family engagement
- Risk and safety assessment research
- Group Supervision and Interactional Supervision
- Appreciative Inquiry
- Motivational Interviewing
- Consultation and Information Sharing Framework
- Cultural Humility
- Trauma-Informed Practice

By training social workers to develop individualized and behaviorally-based case plans *with parents* and utilize solution-focused questions and motivational interviewing techniques, families' needs will be addressed in ways that ensure that a family's voice is heard and *valued* in the process. These case plans will be developed in the context of the Child and Family Team (CFT). The CFT is a team of people which is comprised of the youth and family and all the support individuals who are working with them to achieve their goals of reunification. Decisions about goals and strategies are made in a collaborative manner with child, youth and parent involvement. Teaming is the most prolific value and behavior described by the CPM. CFT meetings are required at regular intervals throughout the life of the child

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<sup>5</sup> Child Welfare Information Gateway, <https://www.childwelfare.gov/topics/permanency/reunification/>

welfare case. Being behaviorally-specific in language and in plans makes it clear to everyone involved what each “worry” and strength actually looks like in action. It is more likely parents will be better engaged when case plans are more realistic and specific to the needed behavior change. Family reunification will focus on improving the family’s sense of well-being and increasing safety and protective capacities in the best interest of children rather than focused solely on compliance with services. Said another way, compliance with attendance at service activities is not equal to fully executed behavior change that provides safety for children.

This strategy is intended to improve permanency (P-1) and re-entry into foster care (P-4) rates as case plans will be individualized and behaviorally-based. Family reunification services will focus on improving the family’s sense of well-being and increasing their safety and protective capacities. This shift will improve the likelihood of timely reunification and decrease the chances of re-entry into foster care.

#### Action Steps:

- A. A policy will be written that describes the expectations regarding case plans and how they are to be created within the CFT. It will also include that a Child and Family Team meeting will be held within 30 days for all parents at the time of the case plan development to include them in the process of building their case plans to correlate with the harm and danger statements. The CFT will map out with the family what changes need to happen by the 6-month, 9-month and 12-month (depending on the age of the child) timeframes and evaluating when they are ready to begin transitioning the child safely home. It will ensure that all participants are involved with the case plan and understand their role and responsibilities related to the plan.
- B. Train staff on the new CFT policy, including Safety Organized Practice and RED Team decision making. Share information about policy with relevant partners including the courts.
- C. Develop and implement a process to engage relatives and the family’s circle of support to participate as members of a family’s and child’s support team, and encourage them to take on various roles in a child’s or family’s life throughout the time of the case.
- D. Engage SOP Coach and facilitate site visit to observe and determine staff needs related to SOP coaching.
- E. Social workers will be provided individual and group supervision and coaching on how to develop Safety Organized Practice Harm and Danger Statements, and to participate in RED Team decision making.
- F. Leadership will model for and coach staff to use solution-focused questions and motivational interviewing to engage parents in developing realistic objectives related to unmet safety needs. Case plans will include family-friendly language that is free of jargon and easy to understand.
- G. The division will monitor the implementation of this strategy including reviewing case plans for fidelity to CPM practices. Information gathered from this evaluation will be fed back into training and coaching as needed to strengthen social worker’s skills.

#### Evaluation

The training analyst will track that all social workers are trained to this new policy, trained to writing behaviorally-based case plans, and supported by coaching through its training tracking database. The Program Manager will provide qualitative oversight of the case plans that come from the CFT and provide feedback to trainers, coaches and supervisors in order to strengthen social worker's skills.

**Systemic Changes Needed to Support Improvement Goal**

Focusing on behaviorally-based case plans will require a systematic change for the child welfare staff and may also impact other partners such as the courts. Development of policies and procedures guiding the creation of behaviorally based case plans will also be needed.

**Educational/Training Needs to Achieve the Goal**

Training for social workers includes CFT, SOP, Red Team Decision Making, and writing behaviorally-based case plans. Supervisors will need training to be able to review case plans for fidelity to the CPM and give feedback.

**Roles of Other Partners in Achieving the Goal**

The Department of Social Services will engage the Juvenile Court regarding the proposed changes in case plans as well as engage all partners who will be involved with CFTs to ensure they understand the value of creating collaborative case plans. SOP Coaching through UC Davis and support by Chadwick Center ACTS team to ensure trauma informed principles are embodied will assist goal achievement.

**Technical Assistance**

Utilize technical assistance from Regional Training Academy and resources available through CalSWEC<sup>6</sup>.

**Strategy #3**

Develop and implement a policy for Family Time (once referred to as *visitation*) based on the needs and safety of children and the behavioral change of the parents.

**Strategy Rationale:**

Family time between parents and children is key to successful family reunification. The quality of family time, the child's wishes, and parents' behavioral progress will be assessed and evaluated on a consistent basis to determine the frequency of family time. Family time should be in the least restrictive locations, with visits occurring in natural environments and in the home when possible. The more frequent the visits and the better the quality of family time, the more likely a child is to be reunified with their parents. Focusing on the needs of the child and his or her parents' behavioral progress will ensure that visits support reunification. Research supports this strategy. Research findings have long agreed that supervised visitation services that build strong alliances with families, provide skills training, and assist family members with concrete needs, resulted in sustained

<sup>6</sup><https://calswec.berkeley.edu/programs-and-services/child-welfare-service-training-program/california-child-welfare-core-practice>

reunification more often than comparison services.<sup>7</sup> Dr. Marty Beyer put a name to this strength-based and collaborative approach to visitation services in the development of visit coaching. Additionally, Loar, L. finds that in order to achieve reunification without recidivism, supervised visitation needs to be more than a court compliance exercise or an opportunity to document parent and child interactions to inform reunification decisions.<sup>8</sup>

The Core Practice Model outlines the importance of building a plan that focuses on “changing behaviors that led to the circumstances that brought the family to the attention of the child welfare agency...” (California Child Welfare Core Practice Model Practice Behaviors, 08/17/15). It encourages social workers to focus on supporting family strengths, addressing safety threats, and prioritizing needs. Social workers do this by engaging the family’s team of support to help build support and dialogue about how the family time plans are progressing.

This strategy will ensure that family time plans are inspired by the CPM by providing parents coaching and mentors during family time sessions. The Child & Family Team will involve the team and assess the ability of extended family to provide family time in natural settings as well as provide support in other ways.

It is anticipated that this strategy will support four permanency strategies (P1, P2, P3 and P4).

**Action Steps:**

- A. A policy will be written that ensures that family time plans will be driven by the CPM, consider the Harm and Danger Statements, and focus on the behavioral change of the parent, rather than just drug testing. It will also address the importance of social workers being aware of the reason that a child entered care and how to communicate this to family time monitors.
- B. Staff and partners (such as Juvenile Court, parent partners, or resource family volunteers) will be trained to the new family time policy.
- C. The Visit Center will provide coaching and development of family time mentors, including resource family volunteers and parent partners.
- D. Training will be provided for social workers, CHWs, and caregivers regarding signs of drug use and abuse.
- E. The discussion of family time plans in CFT meetings will be included in the CFT policy. The CFT will assist in the engagement and teaming of biological parents and resource parents to provide structured and honest conversations for family time planning. Resource family liaison can assist as part of this team.
- F. Develop an assessment that will be included in CFT meetings that ensures the ability of extended family and caregivers to support in-home family time and family time in natural settings.
- G. In the Parent Orientation there will be enhanced language regarding the importance of family time and what to expect during their engagement with CWS. Orientation presenters will participate in pre and post briefings to prepare and ensure quality improvement.

<sup>7</sup> Mark W. Fraser, Elaine Walton, Robert E. Lewis, Peter J. Pecora, Wendel K. Walton; Children and Youth Services Review Volume 18, Issues 4–5, 1996, Pages 335-361

<sup>8</sup> L. Loar; Child Welfare. 1998 Jan-Feb;77(1):41-58

- H. Monitor family time plans and review for quality through regular supervisory review.
- I. Meet with the Visit Center team quarterly to discuss how visits are progressing, how the family time plans are being implemented, and provide oversight for this strategy.

**Evaluation**

To monitor this strategy, the Division will meet with all staff including the Visit Center team quarterly to discuss how visits are progressing, how the family time plans are being implemented, and provide oversight to this strategy. Additionally, the division will review and monitor family time plans for quality. The division will also monitor how court continuances impact permanency to determine if action is needed.

**Systemic Changes Needed to Support Improvement Goal**

This strategy will impact the Court Partners and Visit Center team and systemic changes will be needed to support the action steps collaboratively.

**Educational/Training Needs to Achieve the Goal**

There is a need for advanced training for social workers and caregivers on the signs of drug use and abuse, so that they can be identified during family time. Training in integrating family time plans into CFTs is needed.

**Roles of Other Partners in Achieving the Goal**

Partnering with the Juvenile Court, Visit Center staff, as well as parent partners and resource family volunteers and foster care liaison will be crucial in achieving this goal.

**Technical Assistance**

Utilize technical assistance from Regional Training Academy and resources available through CalSWEC<sup>9</sup>.

**Strategy #4**

All staff will be trained in the CANS Assessment and will partner with behavioral health staff to ensure completion and transparency. The results of the CANS Assessments will be used to guide the CFT meetings. The CFT meetings and Family Finding and engagement will inform treatment and case plans.

**Strategy Rationale:**

The Child and Adolescent Needs and Strengths Assessment (CANS) is the functional assessment tool to be used with the CFT process to guide case planning and decisions. The CANS is a validated tool that assesses the individual strengths and needs of the family as well as the caregiving environment. (ACL 18-81). The CDSS requires that Child Welfare Agencies complete the CANS for every child, youth and NMD with an open child welfare case.

<sup>9</sup><https://calswec.berkeley.edu/programs-and-services/child-welfare-service-training-program/california-child-welfare-core-practice>

The strategy will ensure that all staff are trained to CANS and learn how the CANS should be incorporated into CFTs. The CFT is the teaming meeting intended to bring all individuals involved in a child's life together in order to collaborate and create individualized plans. The action steps outlined below ensure that CFT and CANS are implemented fully and bring family, partners, and caregivers to the table to meet a child's needs. There will be a number of trainings implemented to ensure staff and caregivers are trauma informed and steeped in the values of CPM, CANS and CFT.

This strategy will also incorporate family finding and engagement with CFTs so that relatives are available and better able to participate in the CANS process. This will ensure that families feel comfortable in CFTs and that relatives and support people are engaged in identifying the child's and family's needs and supporting the family's reunification plan. Resource families also play a key role in this strategy and efforts will be made to have resource families participate in CFT meetings, trauma-informed training, transition planning, and building relationships with biological family members through the support of a part-time foster care liaison/social worker. The foster care liaison will also help strengthen the partnerships between resource parents and the agency as well as increase communication and transparency. The liaison will work to bridge the gap between resource parents and social workers and help align mutual expectations between the two (e.g. California Partnership Agreement).

This strategy is intended to improve the permanency outcomes (P1, P2, and P3) as well as placement stability (P5).

**Action Steps:**

- A. All social workers will be trained to CANS and certified as required.
- B. A policy regarding the implementation of CANS will be developed and staff will be trained to the policy to ensure it is incorporated into Child and Family Team Meetings to ensure honest dialogue surrounding worries and strengths, case plan progress, families' well-being, and safety.
- C. Social workers and Behavioral Health staff will be trained how to incorporate CANS into CFTs.
- D. A strategy will be developed to ensure family members feel comfortable in CFT meetings so that they are able to fully participate in the CANS assessment process.
- E. Interagency Placement Committee will review STRTP Level of Care placements monthly to provide resources, support, and recommendations to the child's CFT.
- F. Family finding and relative notification shall be implemented consistently for all children entering foster care. This protocol will ensure that family finding activities are completed within the first 30 days of a child being placed into foster care and relatives are properly notified to include a letter informing them that the child is in foster care, and their right to complete the JV-285-Relative Information form. Preferential consideration for placement will be given to relatives.
- G. Training will occur to ensure that social workers are capable of identifying natural and established supports for all family members throughout all stages of the referral/case, facilitate positive familial connections for children, and guide and mentor families to build their support networks.

- H. Through the support of a part-time foster care liaison/social worker, ongoing efforts will be made to increase resource parents' participation in CFT meetings, trauma-informed training, transition planning, and building relationships with biological family members.
- I. Training will be provided to resource parents prior to accepting placements regarding what is expected when a child is placed in foster care. They will receive information outlining the Juvenile Dependency Court process, permanency goals, California Partnership Agreement, family time, the importance of transition planning and building relationships with a child's biological family, participation in CFT meetings, ICWA, educational rights (IEP, 504 plan), etc.
- J. Policy discussions will occur with Behavioral Health to ensure timely access to mental health services and ensuring adequate services and supports for children in placement. If warranted, updates to policy will occur.
- K. All CANS will be tracked to ensure that all eligible children are receiving the assessment per regulation. A system will be used and/or developed to alert social workers that their child is in need of a CANS and a CFT.

**Evaluation**

CANS completion and CFT compliance will be monitored by the CWS Program Manager. Family finding and engagement efforts will also be tracked and evaluated on an ongoing basis so that the case plan will reflect CANS findings.

**Systemic Changes Needed to Support Improvement Goal**

Shared understanding of CANS functionality among BH and CWS will be needed. Timely access to resources and support for staff will also be needed.

**Educational/Training Needs to Achieve the Goal**

Training will be needed for social workers, including CANS, CFT and trauma-informed practices as well as training for resource families such as Juvenile Dependency Court process, permanency goals, California Partnership Agreement, family time, the importance of transition planning and building relationships with a child's biological family, participation in CFT meetings, ICWA, etc. Training in using CANS findings to focus CFTs and drive case plans.

**Roles of Other Partners in Achieving the Goal**

Important partners include Behavioral Health, Resource Families, and Foster Care liaison/social worker.

**Technical Assistance**

Utilize technical assistance from Regional Training Academy and resources available through CalSWEC<sup>10</sup>.

<sup>10</sup><https://calswec.berkeley.edu/programs-and-services/child-welfare-service-training-program/california-child-welfare-core-practice>

## Probation Summary of Outcome Data Measures and Strategy Rationale

The number of children in foster care under the supervision of the Probation agency has declined over recent years. This reflects the County’s efforts to serve youth in their home and to achieve permanency through an array of services. They can also bring in In-home Parenting Support – Infant and Child Enrichment Services to help support keeping youth in the home. In addition, in interviews with the Probation Officers and leadership, they reported that they try to place youth with relatives, including on an emergency basis pending approval. They work cooperatively with the DSS Resource Family Approval Unit who completes the Resource Family Approval process for Probation.

Child and Family Team (CFT) meetings are used significantly by the County Probation Department for youth. County Probation leadership as well as Probation Officers indicated that they work to have CFTs in order to address issues while youth are still at home. The Probation Officers work with the CWS staff for facilitation of the CFTs. Probation aims to hold a CFT every three months for children in group homes and will also do them on crisis basis, for changes of placement, and for behavioral issues that arise. They also do CFTs with youth that are at risk of out of home placement. When youth in foster care have completed their rehabilitation goals, the youth transition to CWS supervision if they choose to continue as Non-Minor Dependents. A CFT is held before the transition to be sure there is a plan in place with which everyone agrees.

### OUTCOME DATA MEASURES PERFORMING ABOVE THE NATIONAL STANDARD

In general, the small population of Probation youth in foster care makes analysis of the data measures difficult, and they do not yield many meaningful themes. The overall Probation foster care population has declined over recent years in what seems to be a trend. This may be associated with increased engagement activities such as CFTs as well as their use prior to removal.

The following data uses CWS/CMS 2018 Quarter 1 data from the California Child Welfare Indicators Project (CCWIP), University of California at Berkeley. However, because of the small number of youth in foster care under Probation, most of the data is not meaningful for the purposes of evaluating the overall program.

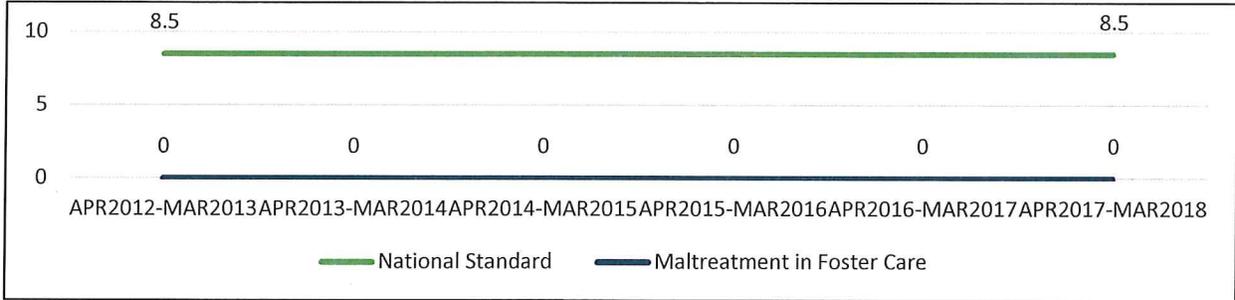
#### S1 – Maltreatment in Foster Care

This measure is defined as “Of all children in care during the 12-month period, what is the rate of victimization per day in foster care?” It is expressed as a rate per 100,000 days of foster care combined for all the children considered in foster care during the reporting period. The desired performance is to be at or below the National Standard.

The number of children experiencing maltreatment by any perpetrator while in foster care over the past five years (Figure 23) has remained flat, with no children experiencing maltreatment. During the reporting period, April 1, 2017 to March 31, 2018 (Q1, 2018), the rate was 0 children per 100,000 days, which is below than the National Standard of 8.50. The relatively few children in care and the relative infrequency of maltreatment in care, makes it unlikely there will be an occurrence in any given year. No youth were in care during the Q2 2018 reporting period. Since the CSA baseline, the County’s most recent performance is zero incidents of maltreatment.

National Standard	CSA Baseline (Q1 2018)	Most Recent Performance (Q4 2018)
8.5	0.0	0.0

FIGURE 23: S1 - MALTREATMENT IN FOSTER CARE

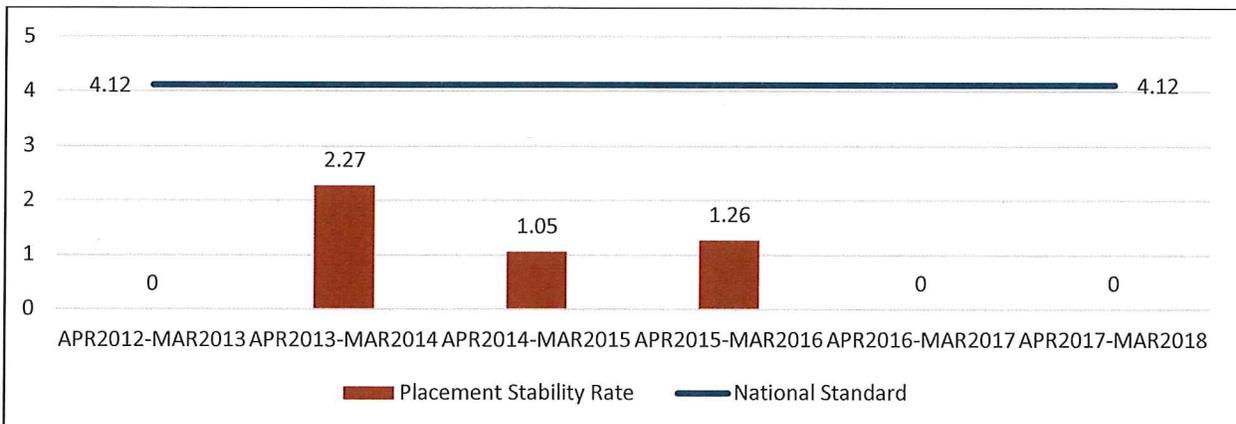


**P5 - Placement Stability**

This measure is defined as “Of all children who enter care in the 12-month period, what is the rate of placement moves per day?” The National Standard is less than or equal to 4.12 per 1,000. During the reporting period, April 1, 2017 to March 31, 2017 (Q1, 2018), probation youth experienced a 0.0 rate of placement moves per 1,000 placement days (zero placement moves over 285 placement days). Over five years, placement stability has remained under the National Standard (Figure 24). When stratified by age and ethnic group, all groups are below the rate of placement moves National Standard. Probation Officers identified youth with violent behavior toward their care provider or group home staff as well as those that run away as those having the most challenge for stability. As mentioned previously, they have been holding CFTs every three months for youth in group homes as well as those with challenging behavior. No youth are represented in this measure for Q2 2018. Since the CSA Baseline, the County’s most recent performance is essentially zero as there were no children in foster care for this measure.

National Standard	CSA Baseline (Q1 2018)	Most Recent Performance (Q4 2018)
4.12	0.0	NA

FIGURE 24: PLACEMENT STABILITY OVER FIVE YEARS



**2F – By Year, Timely Monthly Caseworker Visit (out of home)**

This measure is defined as “the percentage of children in placement who are visited by caseworkers. Each child in placement for an entire month must be visited at least once.” The National Standard for 2F is 95.0%. During the reporting period, April 1, 2017 to March 31, 2018 (Q1, 2018), Tuolumne County achieved timely caseworker visits on 97.4% of cases; however, as shown in Figure 25, the visit percentage for children ages 11-15 was under the National Standard at 93.3%. During the same reporting period, children of all ethnicities received timely caseworker visits.

The National Standard for 2F (visits in the residence) is 50.0%. During the reporting period, April 1, 2017 to March 31, 2018 (Q1, 2018), Tuolumne County achieved timely caseworker visits in the residence in 91.9% of cases, thus performing above the standard.

Data for the most recent quarter indicates performance has improved on both measures to 100%.

National Standard	CSA Baseline (Q1 2018)	Most Recent Performance (Q4 2018)
95% (Timely visit)	97.4%	100%
50% (In the residence)	91.9%	100%

FIGURE 25: 2F – TIMELY MONTHLY VISIT BY AGE\*

Age Group	Children in Out-of-Home Placement	Placement Months	Months with Visits	Percent with Visits	Months with Visits in the Residence	Percent with Visits in the Residence
	n	n	n	%	n	%
11-15	2	15	14	93.3	14	100
16-17	3	23	23	100	20	87.0
Total	5	38	37	97.4	34	91.9

In Figure 25 measure 2F is displayed by year over a four-year span. All family time percentages have fluctuated over time, including the “Total.” There are no Probation-supervised children under 11 years of age.

**PROBATION OUTCOMES NEEDING IMPROVEMENT**

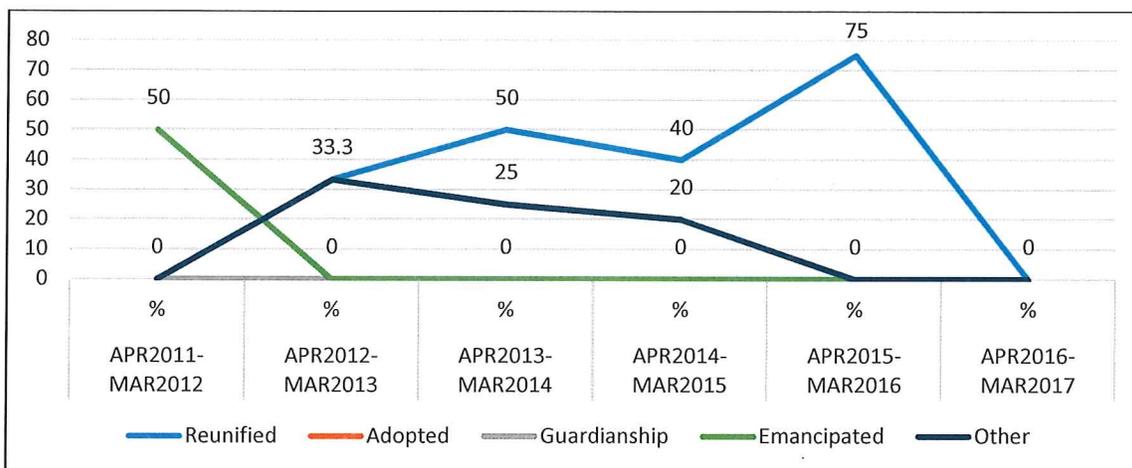
The data shows the outcomes identified in this section need improvement, however given that there is only one youth in care, the data does not provide a very valid indicator of performance. The County has reduced its foster care population indicating that youth are generally not entering foster care to begin with but are being served in their homes. Given that all the measures involve a single youth, it is not reasonable to prioritize a particular outcome. However, the strategy identified below to improve performance, should benefit all the permanency outcomes in need of improvement.

### **P1 – Permanency in 12 Months for Children Entering Foster Care**

This measure is defined as “Of all children who enter foster care in a 12-month period, what percent discharged to permanency within 12 months of entering foster care?” The National Standard for this measure is 40.5%. The desired performance is to be at or above the National Standard. The baseline performance is 0.0% (0 of 2) which is below the National Standard; the highest rate during the five-year period was 75.0% in the 2016-2017 period. There has been an average of four youth in care over the last five years. Figure 26 also makes it clear that children who enter foster care tend not to stay for long periods of time. The most recent data, Q4 2018, indicates there was no change in performance. There was one youth in the target population and that youth did not achieve permanency in 12 months.

National Standard	CSA Baseline (Q1 2018)	Most Recent Performance (Q4 2018)
40.5	0.0	0.0

FIGURE 26: P1 - PERMANENCY WITHIN 12 MONTHS



There were zero children who exited during the Q1, 2018 reporting period (April 2016 to March 2017).

### **P2 – Permanency in 12 Months (children in foster care 12-23 months)**

This measure is defined as “Of all children in foster care on the first day of the 12-month period who had been in foster care (in that episode) between 12 and 23 months, what percent discharged from foster care to permanency within 12 months of the first day of the 12-month period?” The National Standard is 43.6% of children will exit to permanency. The desired performance for this measure is to be at or above the National Standard. For this Q1, 2018 reporting period (April 1, 2017 to March 31, 2018), 0 of 1 (or 0.0%) child in care 12-23 months exited to permanency.

Figure 27 shows the trend of P2 which has measured below National Standard three of five years; however, this measure has consistently had one youth which met this definition making the data not meaningful. The only trend that can be identified is that few youth who enter care stay longer than 12 months. The most recent data indicates performance has improved as one of two youth in the target population achieved permanency, thus achieving 50%, which is better than the National Standard.

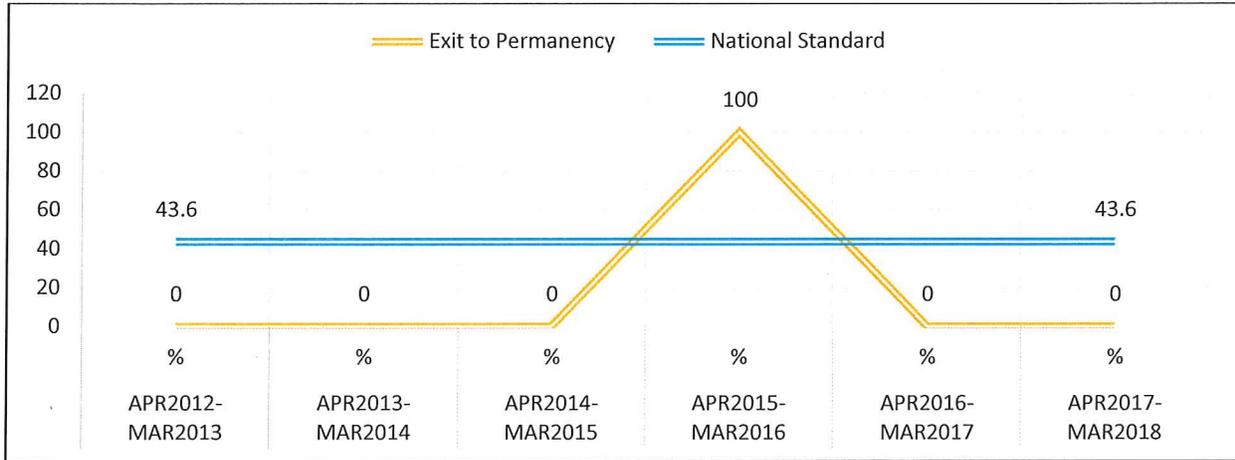
National Standard	CSA Baseline (Q1 2018)	Most Recent Performance (Q4 2018)
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43.6%

0.0%

50%

FIGURE 27: P2 - PERMANENCY IN 12 MONTHS FOR CHILDREN IN FOSTER CARE 12-23 MONTHS



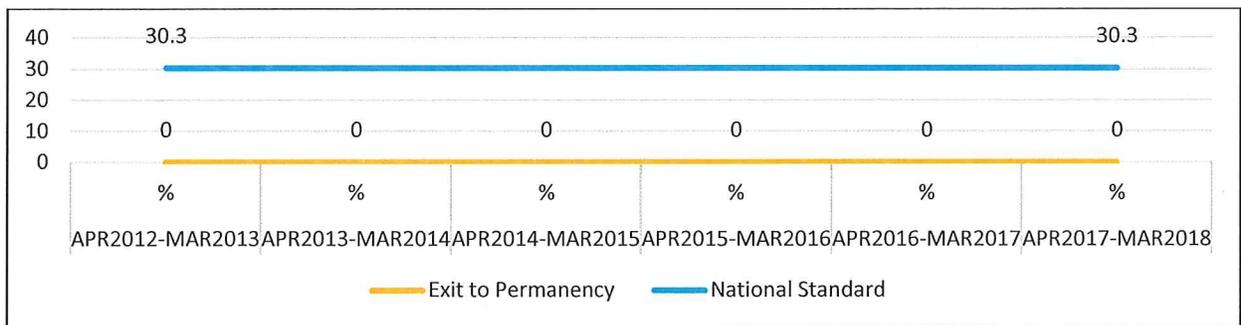
Children did not exit to adoption or guardianship during this 5-year period and only exited to reunification during one reporting period (April 2015-March 2016).

**P3 – Permanency in 12 Months (children in foster care 24 months or more)**

This measure is defined as “Of all children in foster care on the first day of a 12- month period, who had been in foster care (in that episode) for 24 months or more, what percent discharged to permanency within 12 months of the first day of the 12-month period?” National Standard is 30.3%. Desired performance is at or above the National Standard. During the period, April 1, 2016 – March 31, 2017, 0 of 0 children exited to permanency. Figure 28 shows this measure has remained flat due to no children exiting (April 2012 – March 2016), no children exiting to permanency (April 2016 – March 2017), or no children in care to exit (April 2017 – March 2018). The most recent performance indicates that no youth (0 of 1) in the target population exited to permanency during the period.

National Standard	CSA Baseline (Q1 2018)	Most Recent Performance (Q4 2018)
30.3	0.0	0.0

FIGURE 28: P3 - PERMANENCY EXITS FOR CHILDREN IN CARE OVER 24 MONTHS



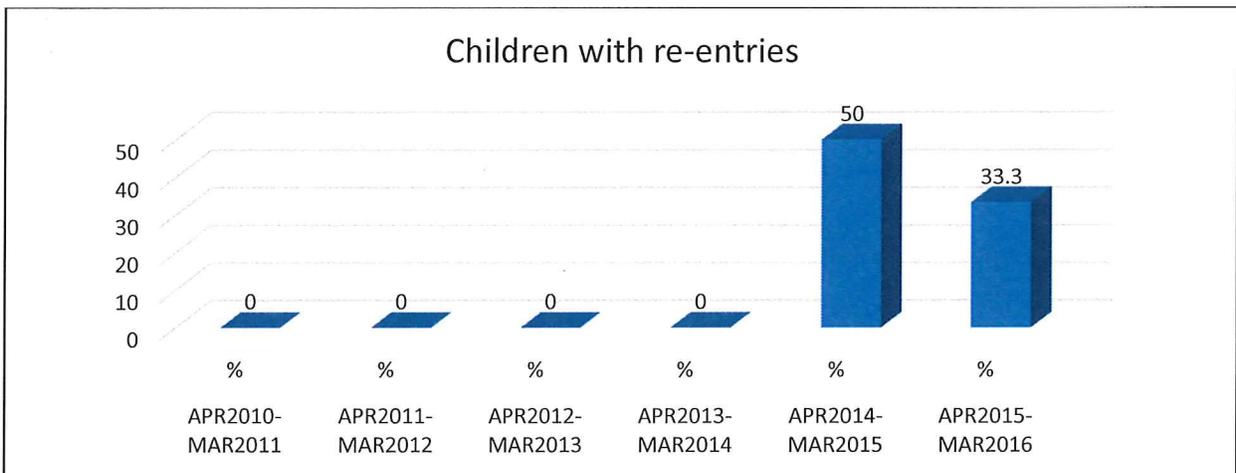
**P4 – Re-Entry into Foster Care**

This measure is defined as “Of all children who enter foster care in a 12-month period who discharged within 12 months to reunification, living with a relative(s) or guardian, what percent re-enter foster care within 12 months of their discharge?” The National Standard for P4 is 8.3%. During this period, April 1, 2015 to March 31, 2016, one out of three children or 33.3% of children re-entered after achieving permanency. Although a decrease from the previous year, this number is above the National Standard (Figure 29). Given that there are only three children in the sample, the County cannot achieve compliance except by having no reentries, which it has achieved in several reporting years.

Probation officers and Probation leadership reported regularly using CFTs with probation youth, both with youth who are placed in foster care as well as using it as a prevention strategy. When efforts are made to prevent entry into foster care, those youth that enter are likely those with higher level of needs. This impacts performance on some measures, particularly re-entry and placement stability. The most recent data indicates an improvement in performance because no youth re-entered foster care.

National Standard	CSA Baseline (Q1 2018)	Most Recent Performance (Q4 2018)
8.3	33.3	0.0

FIGURE 29: P4 - RE-ENTRY INTO FOSTER CARE



**PROBATION STRATEGIES FOR IMPROVEMENT**

The strategy chosen for the SIP for Probation is consistent with the needs identified in the CSA and is intended to address all the performance measures that need improvement. The following section describes the strategies selected for the 2018 – 2024 SIP that will address P1- Permanency within 12 Months; P2-Permanency within 12-23 Months; P3-Permanency within 24 Months; and P4: Re-Entry into Foster Care.

### **Strategy #1**

Develop and implement local programming for Probation youth including behavioral health services (WRAP around, 24-hour crisis providers, consistent easy-to-access therapy) and Substance Use Disorder treatment (inpatient and outpatient).

#### **Strategy Rationale:**

The CSA indicated that there is a lack of local programming for Probation youth especially timely access to behavioral health services (WRAP around, 24-hour crisis providers, consistent easy-to-access therapy) and Substance Use Disorder treatment (inpatient and outpatient). These services are needed to both prevent youth from entering placement, when youth are in placement, and potentially after they return home. There are adequate supports (educational, mental health, substance use disorder treatment, etc.) and services while in custody but not when they are returned home or are in placement. There is a need for more local teams to keep youth out of care and, if placed in foster care, more local programming for timely permanency and to support permanency after care. One youth in the probation focus group said, "You shouldn't have to be on probation to get all the help they can give. I wish every kid who needed help could just get it from juvenile hall." He talked about therapy, help with school, medical, dental, and someone to talk to.

If a youth enters placement it is very difficult to return within twelve months due to treatment requirements for specific behaviors such as those of sex offenders. Currently the only in-home parenting option to support Probation Youth is Infant Child Enrichment Services (ICES) which include home visits, building communication, and other in-home parenting support. This strategy will enable Probation to explore how to leverage services that are available in Juvenile Hall to meet the needs of youth to prevent placement or those who are in placement. This strategy is intended to improve permanency (P-1, 2, 3 and 4).

A work group will be initiated to explore access and/or expansion of local programming to prevent entry or re-entry into foster care. The work of the work group may involve an assessment of current services/programs, review of existing contracts or Memoranda of Understanding, provider capacity, and other factors in order to identify strategies for addressing this issue.

#### **Action Steps:**

- A. Initiate a work group to develop a comprehensive plan to explore local programming to prevent youth from entering placement and treatment locally.
- B. Implement the plan.
- C. Identify local providers who may be able to provide identified services. Contract for these services if needed per County protocols.
- D. Train staff regarding referral process to identified services.
- E. Work group to explore resources such as grants or partnering with contiguous counties to gather resources.
- F. Monitor the plan and adjust as needed.
- G. Monitor and evaluate identified service providers.

**Evaluation**

Once the plan is developed and service providers are put into place, the agency will monitor the contract and youth’s progress when utilizing services.

**Systemic Changes Needed to Support Improvement Goal**

Due to limitations within the county, it will be essential to be creative and reach out to foundations and contiguous counties to leverage resources and partnerships.

**Educational/Training Needs to Achieve the Goal**

**Roles of Other Partners in Achieving the Goal**

UC Davis and CPM Director’s Institute will provide support. Surrounding counties and foundations will also be key partners.

**Technical Assistance**

Utilize technical assistance from Regional Training Academy and resources available through CalSWEC<sup>11</sup>.

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<sup>11</sup><https://calswec.berkeley.edu/programs-and-services/child-welfare-service-training-program/california-child-welfare-core-practice>

## Prioritization of Direct Service Needs

In prioritizing direct service needs for prevention funding, Tuolumne County examined progress made through ongoing funding and the information and assessment generated through the CSA regarding family needs and populations at risk for abuse and neglect. According to the CSA findings, when looking at the child population by age, the most at-risk population for maltreatment in Tuolumne County are children, under the age of 10.

Tuolumne County has elected to use funding from the Office of Child Abuse Prevention (OCAP) to continue existing services due to their success. Tuolumne County re-entry rates have been improving since the inception of the last SIP and its Parent Partner strategy (funded through PSSF). Similarly, the Parent Leadership Training, funded through Community-Based Child Abuse Prevention (CBCAP), can work to engage parents previously involved with CWS.

Prevent Child Abuse Tuolumne County (PCATC) now the Tuolumne Resiliency Coalition (TRC) assists in the County's prevention and early intervention efforts by screening, selecting, and evaluating grantors in receipt of Child Abuse Prevention, Intervention, and Treatment (CAPIT) and CBCAP dollars as well as through delivery of funds to community organizations in the form of mini-grants to prevent child abuse.

Regarding CBCAP funding requirements, the Infant Child Enrichment Services (ICES)/Raising Healthy Families is currently funded and will continue to be funded consistent with OCAP requirements. ICES/Raising Healthy Families provides parenting classes, outreach and education, Parent Leadership training, and advocacy. Through prevention efforts ICES is working with at risk families to support increasing the 5 Protective Factors in parenting, and knowledge and skills to learn and identify individual strengths and children's strengths.

The CAPIT allocation is used to support the Center for a Nonviolent Community (CNVC). CNVC provides parents and children 3-10 years of age who are/have been served by Child Welfare Services for abuse and neglect. Parents and children receive Seeking Safety, evidence-informed parenting groups to increase resiliency and Protective Factors, reduce trauma and substance abuse symptoms and increase safe coping skills in relationships. CNVC also provides weekly or bi-weekly Family Development Matrix (FDM) home visiting services.

Currently, DSS is implementing a family preservation unit using OCAP Road to Resiliency grant funding. PSSF funding is used to supplement funding for related family support services and programs.

PSSF funds are used to fill gaps in services such as private therapy, adoption support services, etc. Through these allocations of child abuse and prevention funding, Tuolumne County continues to work to meet the needs of families most at risk of child abuse and neglect.

## Child Welfare/Probation Initiatives

### Resource Family Approval

Tuolumne County has implemented Resource Family Approval (RFA) and has continued in its efforts to fully implement Continuum of Care Reform (CCR). The RFA unit is providing ongoing case management to the resource homes. The County hires local therapists to cover gaps in County Behavioral Health services. The need for Intensive Services Foster Care (ISFC) has been identified. Multiple stakeholder sessions have been held to build the necessary framework and support for implementing a public model ISFC program in Tuolumne County. (See additional information under System Factors Section).

### California Child Welfare Core Practice Model (CPM)

The County has revised its previous interagency placement committee and restructured all processes to be in line with CCR and California Core Practice Model (CPM) vision and structure. This has included comprehensive mental health screening and the addition of Child and Family Team (CFT) meetings for all children entering care. The CFT meetings have been structured to ensure the process is family driven and youth centered. The County is seeing caregivers involved and providing input more frequently in CFTs, as well as partnering with children's support networks. Satisfaction surveys are used at each CFT with all participants to ensure family voice remains the priority and allows staff to adjust and adapt through these feedback loops. The implementation of the CPM, CFTs, and the CANS discussed below are moving forward, furthering implementation of requirements of *Pathways to Well Being* (the *Katie A.* Lawsuit).

The County has also implemented Safety Organized Practice (SOP) which is embedded in the CPM framework. This includes the implementation of R.E.D. Team, case consultation using the framework, and Safety Planning. The County has also implemented the use of the San Francisco County Performance Anchors consistent with CPM.

### Child and Adolescent Needs and Strengths Assessment (CANS)

Tuolumne County piloted one of the two possible statewide child assessment tools – the Treatment Outcomes Package (TOP) Tool – which provided excellent preparation for the Department to be ready when a tool was selected. Upon the State's selection of the CANS tool, staff attended training and is scheduled to attend a full day follow up training to ensure CANS use in practice dovetails into case plan development seamlessly. Similarly, all staff were trained in the Level of Care Protocol (LOCP) and continue to practice its use individually and in teams pending full implementation of that tool in the months to come.

### Quality Parenting Initiative

Quality Parenting Initiative (QPI) is encompassed in the CPM. Tuolumne County is diligently working to incorporate the practices stemming from QPI into daily practices when engaging and teaming with caregivers. At the quarterly QPI meeting, a resource parent volunteered to recruit for respite care one day a week, creating a list of providers, in addition to facilitating relationships between resource families and CWS staff while mentoring new resource parents. This effort was added to the County QPI work plan, creating a significant partnership.

## **Commercially Sexually Exploited Children**

Protocol development and the creation of a local Commercially Sexually Exploited Children (CSEC) task force is actively underway to ensure that all youth who are identified as having been exploited or at risk of exploitation, are provided the needed services and supports.

### **• CFSR Case Reviews**

With the implementation of the CFSR Case Review mandates, Tuolumne County continues to implement a structured Quality Assurance (QA) program. The case reviews, in conjunction with regular quantitative data analysis, have formed the basis of Continuous Quality Improvement in Tuolumne CWS programs and practices. Tuolumne CWS implemented the Child Welfare Case Review per the CDSS requirements and conduct 5 reviews per quarter. The information gathered from the Case Review process has informed the SIP development.

## Performance Goals

### Child Welfare

**Priority Outcome Measure or Systemic Factor:** P1- Permanency within 12 Months

**National Standard:** 40.5

**CSA Baseline Performance:** 34.1

**Current Performance:** 39.6 (Q4 2018)

**Target Improvement Goal:** 40.5 (National Standard)

**Priority Outcome Measure or Systemic Factor:** Staff Retention

**National Standard:** NA

**CSA Baseline Performance:** 50% Turnover Rate

**Current Performance:** 48%

**Target Improvement Goal:** 30% Turnover Rate

**Priority Outcome Measure or Systemic Factor:** P2-Permanency within 12-23 Months

**National Standard:** 43.6

**CSA Baseline Performance:** 32.0

**Current Performance:** 76.2 (Q4 2018)

**Target Improvement Goal:** 43.6 (National Standard)

**Priority Outcome Measure or Systemic Factor:** P3-Permanency over 24 Months

**National Standard:** 30.3

**CSA Baseline Performance:** 37.5

**Current Performance:** 54.2 (Q4 2018)

**Target Improvement Goal:** 37.5 (Maintain or improve the baseline performance above the National Standard)

**Priority Outcome Measure or Systemic Factor:** P4 Re-entry into Foster Care

**National Standard:** 8.3

**CSA Baseline Performance:** 11.8

**Current Performance:** 25.0 (Q4 2018)

**Target Improvement Goal:** 8.3 - (National Standard)

**Priority Outcome Measure or Systemic Factor:** P5 Stability in Foster Care

**National Standard:** 4.12

**CSA Baseline Performance:** 5.9

**Current Performance:** 8.5 (Q4 2018)

**Target Improvement Goal:** 4.12 - (National Standard)

## **Probation**

**Priority Outcome Measure or Systemic Factor:** P2 Permanency within 12-23 Months

**National Standard:** 43.6

**CSA Baseline Performance:** 0

**Current Performance:** 50 (Q4 2018)

**Target Improvement Goal:** 43.6 (National Standard)

## Attachment A: Five Year SIP Chart

### Child Welfare Five Year SIP Chart

Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
<p><b>CWS STRATEGY 1:</b>                      Implement Core Practice Model (CPM) and Daring Leadership practices and trauma-informed strategies to advance leadership and workforce development in order to improve staff retention.</p>	<p><input type="checkbox"/> CAPIT  <input type="checkbox"/> CBCAP  <input type="checkbox"/> PSSF  <input checked="" type="checkbox"/> N/A</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):  <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project.                      Systemic Factor: Staff Retention                      P1 – Permanency within 12 months</p>	<p>Program Manager</p>
<p>A. Establish a work group that will meet monthly and will be led by an internal CPM Champion that includes supervisors, social workers, and support staff to make recommendations on staff retention. This multi-level work group will ensure that all angles of the staff retention issue are analyzed and a variety of strategies are considered; including establishing expectation among all levels of leadership regarding the adoption of leadership behaviors.</p>	<p>June 2019</p>	<p>June 2020</p>	

<p>B. Establish communication protocol/linkage and mutual agreement with Agency leadership, such as Program Managers, Deputy Directors, and the Director, to assist with problem-solving around barriers. Having an established protocol will ensure that there are clear mechanisms in place to handle problem-solving.</p>	<p>June 2020</p>	<p>July 2020</p>	<p>Program Manager</p>
<p>C. Changes aimed to improve staff well-being will be implemented. These include but are not limited to coaching, modeling, attention to office culture/atmosphere, and marketing CPM foundational and practice behaviors, and Daring Leadership.</p>	<p>August 2020</p>	<p>Ongoing</p>	<p>Program Manager</p>
<p>D. The work group will develop an evaluation plan for tracking and evaluating the implementation of the strategies developed to improve staff recruitment, staff retention, and succession planning in the short term .</p>	<p>January 2020</p>	<p>December 2022</p>	<p>Program Manager</p>
<p>E. Upon modification of the hiring process, an onboarding process for social workers will be developed that is efficient and infused with the CPM values and practice behaviors.</p>	<p>July 2021</p>	<p>June 2022</p>	<p>Program Manager</p>
<p>F. The division will also consider conducting a brief employee satisfaction survey on a regular basis (annual or semi-annual) and</p>	<p>January 2020</p>	<p>Ongoing</p>	<p>Program Manager</p>

seek to create other avenues of staff feedback and input.	January 2020			Program Manager
G. Research and utilize funding options including grants or collaborative funding options that may support this strategy.		Ongoing		Program Manager
H. The DSS Child Welfare Services Agency will enter into a partnership with the Chadwick Center and develop a plan to implement ACTS.	June 2019	June 2020		Program Manager
I. The organizational assessment will be conducted by ACTS and an individualized plan will be developed that will focus on creation of a trauma-informed workplace.	June 2019	June 2020		Program Manager
J. Staff will be introduced to ACTS and engaged in the activities implemented through the individualized agency plan.	July 2020	May 2024		Program Manager
K. The Division leadership team will monitor staff retention rates and evaluate the effectiveness of this strategy in the long term and make modifications as needed.	May 2019	May 2024		Program Manager

<p><b>CWS STRATEGY 2:</b> Through timely Child and Family Team Meetings, individualized and behavioral based case plans will be developed through parent engagement and input. Case plans will be specific to the parents' identified individual needs, goal driven, and developed in a manner to promote behavioral change as it relates to creating safety for their children.</p>	<p><input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project.  P1- Permanency in 12 Months P4: Re-Entry into Foster Care</p>
<p><b>Action Steps:</b> A. A policy will be written that describes the expectations regarding case plans and how they are to be created within the CFT. It will also include that a Child and Family Team meeting will be held within 30 days for all parents at the time of the case plan development to include them in the process of building their case plans to correlate with the harm and danger statements. The CFT will map out with the family what changes need to happen by the 6-month, 9- month and 12-month timeframes (depending on the age of the child) and evaluating when they are ready to begin transitioning the child safely home. It will ensure that all participants are involved with the case plan and understand their role and responsibilities related to the plan.</p>	<p><b>Implementation Date:</b> May 2019</p>	<p><b>Completion Date:</b> July 2019</p> <p><b>Person Responsible:</b> Program Manager</p>

<p>B. Train staff on the CFT new policy, including Safety Organized Practice and RED Team decision making.</p>	<p>August 2019</p>	<p>November 2019</p>	<p>Program Manager</p>
<p>C. Develop and implement a process to engage relatives and the family's Circle of Support to participate as members of a child's support team and encourage them to take on various roles in a child's life throughout the life of a case</p>	<p>June 2019</p>	<p>August 2019</p>	<p>Program Manager</p>
<p>D. Engage SOP Coach and facilitate site visit to observe and determine staff needs related to SOP coaching.</p>	<p>April 2019</p>	<p>June 2019</p>	<p>Program Manager</p>
<p>E. Social workers will be provided individual and group supervision and coaching on how to develop Safety Organized Practice Harm and Danger Statements, and participate in RED Team, and Team decision-making.</p>	<p>July 2019</p>	<p>July 2020</p>	<p>Program Manager</p>
<p>F. Leadership will model for and coach staff to use solution-focused questions and motivational interviewing to engage parents in developing realistic objectives related to unmet safety needs. Case plans will include family-friendly language that is free of jargon and easy to understand.</p>	<p>November 2019</p>	<p>Ongoing</p>	<p>Program Manager</p>
<p>G. The Division will monitor the implementation of this strategy, including reviewing case plans, for fidelity to CPM practices. Information gathered from this evaluation will be incorporated into</p>	<p>December 2019</p>	<p>Ongoing</p>	<p>Program Manager</p>

training and coaching as needed to strengthen social worker's skills.			
<p><b>CHILD WELFARE STRATEGY 3:</b> Family time occurs based on the needs and safety of children. The quality of family time, the child's wishes, and parents' behavioral progress will be assessed and evaluated on a consistent basis to determine family time frequency. Family time is in the least restrictive locations, with visits occurring in natural environments and in the home when possible.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project. P1: Permanency in 12 Months P2: Permanency within 12-23 Months P4: Re-Entry into Foster Care	
<p><b>Action Steps:</b></p> <p>A. A policy will be written that ensures that family time plans will be driven by the CPM, understanding the Harm and Danger Statements and driven by the behavioral changes of the parent, not drug testing. It will also address the importance of social workers being aware of the reasons that children enter care and how to communicate this to family time monitors.</p> <p>B. Staff and Partners (such as Juvenile Court, parent partners, resource family volunteers, etc.) will be trained to the new family time policy.</p> <p>C. The Visit Center will provide coaching and development of family-time mentors,</p>	<p><b>Implementation Date:</b></p> <p>January 2020</p> <p>May 2020</p> <p>September 2020</p>	<p><b>Completion Date:</b></p> <p>April 2020</p> <p>August 2020</p> <p>Ongoing</p>	<p><b>Person Responsible:</b></p> <p>Program Manager</p> <p>Program Manager</p> <p>Program Manager</p>

including resource family volunteers and parent partners.				
D. Provide training for social workers, CHWs, and caregivers regarding signs of drug use and abuse.	May 2020		August 2020	Program Manager
E. Ensure that family time plans are discussed in CFT Meetings, by including them in the CFT policy. The CFT will assist in the engagement and teaming of biological parents and resource parents to provide structured and honest conversations for family time planning. Resource family liaisons can assist as part of this team.	May 2020		Ongoing	Program Manager
F. Develop and implement a process that will engage relatives to participate as members of a child's support team and encourage them to take on various roles in a child's life throughout the life of a case.	January 2020		August 2020	Program Manager
G. Develop an assessment that will be included in CFT meetings that ensure that the ability of extended family and caregivers to support in-home family time and family time in natural settings occurs.	September 2020		November 2020	Program Manager
H. In the Parent Orientation there will be enhanced language regarding the importance of family time and what to expect during their engagement with CWS. Orientation presenters will participate in	May 2020		Ongoing	Program Manager

pre and post briefings to prepare and ensure quality improvement.				
I. Monitor family time plans and review for quality.	May 2020		Ongoing	Program Manager
J. Meet with the Visit Center team quarterly to discuss how visits are progressing, how the family time plans are being implemented and provide oversight to this strategy.	May 2020		Quarterly/Ongoing	Program Manager

<p><b>CHILD WELFARE STRATEGY 4:</b> All staff will be trained in the CANS Assessment and will partner with behavioral health staff to ensure completion and transparency. The results of the CANS Assessment will be used to guide the CFT Meeting. The CFT meetings and family finding and engagement will inform treatment and case plans.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project. P1: Permanency within 12 Months P2: Permanency within 12-23 Months P3: Permanency within 24 Months P5: Placement Stability		
<b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>	
A. All social workers will be trained to CANS and certified as required.	July 2019	June 2020	Program Manager	
B. A policy regarding the implementation of CANS will be developed and staff will be trained to the policy to ensure it is incorporated into Child and Family Team	July 2019	December 2019	Program Manager	

<p>Meetings to ensure honest dialogue surrounding worries and strengths, case plan progress, families' well-being, and safety.</p>				
<p>C. Social workers and Behavioral Health staff will be trained how to incorporate CANS into CFTs.</p>	<p>January 2020</p>	<p>June 2020</p>	<p>Program Manager</p>	
<p>D. A strategy will be developed to ensure family members feel comfortable in CFT meetings. Family members will be encouraged to participate in CFT meetings to establish their role in a child's life. This action step may include engaging parent partners in the development and implementation of this strategy.</p>	<p>June 2019</p>	<p>December 2019</p>	<p>Program Manager</p>	
<p>E. Interagency Placement Committee will review STRTP Level of Care placements monthly to provide resources, support and recommendations to the child's CFT.</p>	<p>January 2020</p>	<p>Ongoing</p>	<p>Program Manager</p>	
<p>F. Family finding and relative notification shall be implemented consistently for all children entering foster care. This protocol will ensure that family finding is completed within the first 30 days of a child being placed into foster care and relatives are properly notified to include a letter informing them that child is in foster care, and their right to complete the JV-285-Relative Information form. Preferential</p>	<p>June 2020</p>	<p>June 2021</p>	<p>Program Manager</p>	

consideration for placement will be given to relatives.			
G. Training will occur to ensure that Social workers are capable of identifying natural and established supports for all family members throughout all stages of the referral/case, facilitate positive familial connections for children, and guide and mentor families to build their support networks.	July 2020	December 2020	Program Manager
H. Through the support of a part-time foster care liaison/social worker, ongoing efforts will be made to increase resource parents' participation in CFT meetings, trauma-informed training, transition planning, and in building relationships with biological family members.	January 2021	Ongoing May 2024	Program Manager
I. Training will be provided to resource parents, prior to accepting placements, on what is expected when a child is placed in foster care. They will receive information outlining the Juvenile Dependency Court process, permanency goals, California Partnership Agreement, family time, the importance of transition planning and building relationships with a child's biological family, participation in CFT meetings, ICWA, etc.	January 2021	December 2021	Program Manager
J. Policy discussions will occur with Behavioral Health to ensure timely access to mental	January 2021	December 2022	Program Manager

health services and ensuring adequate services and supports for children in placement. If warranted, updates to policy will occur.				
K. All CANS will be tracked to ensure that all eligible children are receiving the assessment per regulation. A system will be used and/or developed to alert social workers that their child is in need of a CANS and a CFT.	January 2019	Ongoing		Program Manager

### Probation Five Year SIP Chart

<b>PROBATION STRATEGY 1:</b> Develop and implement local programming for Probation youth including behavioral health services (WRAP around, 24-hour crisis providers, consistent easy to access therapy) and Substance Use Disorder treatment (inpatient and outpatient).	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project.  <b>P-2 - Permanency within 12-23 months</b>		
<b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>	
A. Initiate a work group to develop a comprehensive plan to explore local programming to prevent youth from entering placement and treatment locally.	May 2019	April 2020	Division Manager	
B. Implement the plan to improve local programming.	July 2020	April 2023	Division Manager	

	November 2019		February 2020	Division Manager
C. Identify local providers who may be able to provide identified services. Contract if needed per County protocols.				
D. Train staff regarding referral process to identified services.	May 2020		December 2020	Division Manager
E. Work group to explore resources such as grants or partnering with contiguous counties to gather resources.	May 2019		Ongoing	Division Manager
F. Monitor the plan and adjust as needed.	July 2020		Ongoing	Division Manager
G. Monitor and evaluate identified service providers.	July 2020		Ongoing	Division Manager

**Attachment B: CAPIT/CBCAP/PSSF Expenditure Workbook**

## Attachment C: CAPIT/CBCAP/PSSF Program and Evaluation Description

### Child Welfare:

#### PROGRAM NAME:

Seeking Safety (Line 1, Expenditure Workbook)

#### SERVICE PROVIDER:

Center for a Nonviolent Community (CNVC)

#### PROGRAM DESCRIPTION

Seeking Safety is a present-focused, coping skills program to help people attain safety from trauma and/or substance abuse. Seeking Safety consists of various topics that can be tailored to parents' needs and provides an opportunity to discuss parenting concerns, joys, and questions in a safe compassionate environment, learn new communication skills, and effective parenting strategies. It is an evidence-based practice commonly used to serve families exposed to trauma and/or substance abuse. In providing Seeking Safety the CNVC's goal is to help parents expand their capacity to effectively and safely meet their children's needs.

#### FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Peer Support
CBCAP	
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): AB 2994	

#### IDENTIFY PRIORITY NEED OUTLINED IN CSA

As Identified in the county self-assessment (p. 90), there needs to be more timely access to substance abuse treatment and mental health services as well as the need for individualized case plans tailored to parents' needs. These factors have been assessed as potential barriers interfering with permanency within 12 months. Seeking Safety is an evidence-based, present-focused counseling model that will help parents attain safety from trauma and/or substance abuse. It can be facilitated in a group session and/or individually.

**TARGET POPULATION**

Parents whose children are at risk of abuse/neglect, at risk of being served, or are being served by Child Welfare Services (p .90).

**TARGET GEOGRAPHIC AREA:**

Countywide

**TIMELINE**

May 12, 2019 to May 12, 2024

## EVALUATION

**PROGRAM OUTCOME(S) AND MEASUREMENT**

Desired Outcome	Indicator	Source of Measure	Frequency
Increased resiliency and protective factors for families.	75% of parents will be able to identify four behavioral responses to trauma.	Trauma Symptom Indicator (TSI)	Pretest and post test

**QUALITY ASSURANCE (QA) MONITORING:**

Desired Outcome	Indicator	Source of Measure	Frequency
Referred clients receive services consistent with Seeking Safety model.	Seeking Safety Clinicians demonstrate fidelity with a score of 1.5 or more on the Seeking Safety Adherence Scale.	Seeking Safety Adherence Scale	Quarterly

**CLIENT SATISFACTION**

Method or Tool	Frequency	Utilization	Action
Feedback questionnaire	Completed by participants after each group session	Questionnaire reviewed after each session by provider	Areas needing improvement will be addressed by provider staff as appropriate

**PROGRAM NAME:**

Parent Leadership Training (Line 2, Expenditure Workbook)

**SERVICE PROVIDER**

Infant Child Enrichment Services (ICES)

**PROGRAM DESCRIPTION**

Parent leadership training, a promising research evidence-based program, is designed to mitigate the impact of adverse childhood experiences (ACES) and for parents/caregivers to prevent further ACES for children.

**FUNDING SOURCES**

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	Parenting education and training
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): AB 2994	

**IDENTIFY PRIORITY NEED OUTLINED IN CSA**

Despite the total population declining in Tuolumne County, as discussed in the CSA (p. 16) children under ten years of age have a higher incidence of substantiated child abuse than older children (Table 5, p. 19). The rate of substantiated allegations has continued to rise indicating an increased need in child abuse and neglect prevention and intervention services and resources

**TARGET POPULATION**

To support at-risk families and diverse populations to prevent and reduce the likelihood of child abuse and neglect. In order to expand opportunities, the provider will also conduct outreach through community-based organizations, such as Head Start programs and local child-care homes.

**TIMELINE**

May 12, 2019 to May 12, 2024

**TARGET GEOGRAPHIC AREA:**

Countywide

**EVALUATION**

**PROGRAM OUTCOME(S) AND MEASUREMENT**

Desired Outcome	Indicator	Source of Measure	Frequency
Increased knowledge of Parenting and Child Development	Parents have a 10% increase in realistic expectations of children	Adult Adolescent Parenting Inventory	Pre and Post test

**QUALITY ASSURANCE (QA) MONITORING:**

Desired Outcome	Indicator	Source of Measure	Frequency
Clients referred to ICES for Parent Leadership Training receive the services specified in the contract	Contract compliance as follows: <ul style="list-style-type: none"> <li>o The AAPI is administered 90% of the time</li> <li>o The client satisfaction survey is</li> </ul>	AAPI and Client Satisfaction Survey. Meetings with the agency to discuss any challenges in meeting contractual requirements.	Quarterly

	administered 90% of the time		
Client Satisfaction			
<b>Method or Tool</b>	<b>Frequency</b>	<b>Utilization</b>	<b>Action</b>
Feedback questionnaire	Completed by participants after training module.	Questionnaire will be reviewed after each module by provider.	Areas needing improvement will be addressed by provider staff as appropriate.

**PROGRAM NAME:**

Parent Partner Program (Line 3 (Parent Mentor Program) Expenditure Workbook)

**SERVICE PROVIDER:**

Tuolumne County Adult, Child and Family Services

**PROGRAM DESCRIPTION**

The Parent Partner program links parents who have had prior Child Welfare Services experience with parents newly entering the Child Welfare Services system.

**FUNDING SOURCES**

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	
PSSF Family Support	Peer Support
PSSF Time-Limited Family Reunification	Peer Support
PSSF Adoption Promotion and Support	
OTHER Source(s): AB 2994	

**IDENTIFY PRIORITY NEED OUTLINED IN CSA**

Ongoing recruitment efforts for volunteers continue annually to maintain a Parent Partner Program in Tuolumne County. The Parent Partner Program has supported timely reunification for parents involved with Child Welfare Services and the Dependency Drug Court (DDC) Program. Through the partnership with a Parent Partner and their guidance, parents feel empowered to make positive changes. These partnerships also help address feelings of isolation and helplessness that parents often report feeling as they first enter the system (CSA p. 65 and p.66). Parent Partners also act as members of parents' support teams and participate in case planning and Child and Family Teams.

**TARGET GEOGRAPHIC AREA:**

Countywide

**TARGET POPULATION**

Parents experiencing alcohol and drug addiction who are receiving Family Reunification services or Family Maintenance services

**TIMELINE**

May 12, 2019 to May 12, 2024

**EVALUATION****PROGRAM OUTCOME(S) AND MEASUREMENT**

Desired Outcome	Indicator	Source of Measure	Frequency
Parents' support network is improved	50% of parents can identify at least one additional support person on the CFT Survey.	CFT Surveys	Quarterly

**QUALITY ASSURANCE (QA) MONITORING:**

Desired Outcome	Indicator	Source of Measure	Frequency
Parent Partners engage with and support parents	Parent Partners attend 50% of CFT meetings for assigned clients	CFT Surveys	Quarterly

**Client Satisfaction**

Method or Tool	Frequency	Utilization	Action
CFT Satisfaction Survey	Within 30-60 days of entering the system and every 6 months at case planning CFTs	Surveys are provided at the end of each CFT meeting for completion.	Areas needing improvement are to be addressed by leadership and staff to ensure continuous quality improvement.

**PROGRAM NAME:**

Differential Response (Line 4, Expenditure Workbook)

**SERVICE PROVIDER:**

AmeriCorps members and other Community Based Services

**PROGRAM DESCRIPTION**

The Differential Response (DR) system is designed to support at-risk families reported to Child Welfare Services who do not rise to the level of crisis requiring child protective intervention services. It is offered through AmeriCorps and other community resources to help strengthen and stabilize families to aid in reducing and preventing occurrence of maltreatment.

## FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	Differential Response
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): AB 2994	

## IDENTIFY PRIORITY NEED OUTLINED IN CSA

At-risk families reported to Child Welfare Services who do not rise to the level of crisis requiring child protective intervention services are often referred to Differential Response (DR). Early preventative services and support are offered through AmeriCorps and other community resources to help strengthen and stabilize families to aid in reducing and preventing maltreatment. As indicated in the most recent CSA the rate of children entering foster care has declined in the two most recent years, suggesting practices such as DR are having a positive impact in reducing child removals (p. 18).

## Target Geographic Area

Countywide

## TARGET POPULATION

Families with low and moderate risk of abuse and neglect

## TIMELINE

May 12, 2019 to May 12, 2024

## EVALUATION

### PROGRAM OUTCOME(S) AND MEASUREMENT

Desired Outcome	Indicator	Source of Measure	Frequency
Parents improve their parenting skills.	40% of participants improve parenting skills by one level in 3 or more of the AAPI categories.	Adult Adolescent Parenting Inventory (AAPI)	Pre/Post test

### QUALITY ASSURANCE (QA) MONITORING:

Desired Outcome	Indicator	Source of Measure	Frequency
Services are delivered according to the Nurturing Parent model.	AAPI and Client Satisfaction surveys	AAPI and Client Satisfaction Surveys	Quarterly

	are administered for 90% of clients.		
<b>Client Satisfaction</b>			
<b>Method or Tool</b>	<b>Frequency</b>	<b>Utilization</b>	<b>Action</b>
Satisfaction/Feedback Survey	Within 30 days of referral to DR services	Surveys are provided by service provider.	Areas needing improvement are to be addressed by leadership and staff to ensure continuous quality improvement.

**PROGRAM NAME:**

Dependency Drug Court (DDC) (Line 5, Expenditure Workbook)

**SERVICE PROVIDER:**

Tuolumne County Child Welfare Services

**PROGRAM DESCRIPTION**

Tuolumne County DDC services are court-ordered, preselected, highly structured, and include three-times-weekly substance abuse group sessions, once-monthly individual sessions with an SUD counselor, three 12-Step meetings, and random drug testing three times per week. Once parents have participated in these services for several months, parenting instruction is introduced. The DDC is a collaboration between the court, child welfare and behavioral health.

**FUNDING SOURCES**

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	
PSSF Family Support	Basic needs, concrete supports, behavioral and mental health supports
PSSF Time-Limited Family Reunification	Basic needs, concrete supports, behavioral and mental health supports
PSSF Adoption Promotion and Support	
OTHER Source(s): AB 2994	

**IDENTIFY PRIORITY NEED OUTLINED IN CSA**

As identified in the county self-assessment on page 93, children with mental health challenges are less likely to achieve permanency. This can also be the case for parents with mental health and substance use challenges. This program will provide support for these needs to children and families.

**TARGET POPULATION**

Families and children in reunification or at risk of removal.

**TARGET GEOGRAPHIC AREA:**

Countywide

**TIMELINE**

May 12, 2019 to May 12, 2024

## EVALUATION

**PROGRAM OUTCOME(S) AND MEASUREMENT**

Desired Outcome	Indicator	Source of Measure	Frequency
Increased concrete support to families in times of need.	75% of parents indicate a supportive contact with the agency on a survey.	Survey	Quarterly

**QUALITY ASSURANCE (QA) MONITORING**

Desired Outcome	Indicator	Source of Measure	Frequency
Parents have opportunity to participate in survey about services	30% of parents complete survey	Survey	Quarterly

**Client Satisfaction**

Method or Tool	Frequency	Utilization	Action
Satisfaction Survey	Within 90 days of starting the program.	Survey	Areas needing improvement are to be addressed by leadership and staff to ensure continuous quality improvement.

**PROGRAM NAME:**

Adoption Support (Line 6, Expenditure Workbook)

**SERVICE PROVIDER:**

Tuolumne County Child Welfare Services

**PROGRAM DESCRIPTION**

This program identifies adoptive families, assures a foster care permanency option and with older adolescents, providing independent living support. It also provides support for placement stabilization adoptive and pre-adoptive families with concrete assistance related to the needs of an adopted or pre-adoptive child that are not provided through other means. This could be assistance with transportation, counselling, support for extracurricular activities, etc.

## FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	Basic needs, concrete supports, behavioral and mental health
OTHER Source(s): AB 2994	

## IDENTIFY PRIORITY NEED OUTLINED IN CSA

As identified in the county self-assessment on page 93, children with mental health challenges are less likely to achieve permanency. This program will provide support for these needs to adopted families.

## TARGET POPULATION

Identifying adoptive families; assuring a foster care permanency option or, with older adolescents preparing for independent living; and preparing an adoption plan assessment on a child.

## TARGET GEOGRAPHIC AREA:

Countywide

## TIMELINE

May 12, 2019 to May 12, 2024

## EVALUATION

## PROGRAM OUTCOME(S) AND MEASUREMENT

Desired Outcome	Indicator	Source of Measure	Frequency
Increased concrete support to adoptive families in times of need.	75% of adoptive parents indicate a supportive contact with the agency.	Survey	Ongoing Quarterly
<b>QUALITY ASSURANCE (QA) MONITORING</b>			
Desired Outcome	Indicator	Source of Measure	Frequency
Adoptive parents have an opportunity to provide feedback about the services.	50% of adoptive parents with contact	Survey	Quarterly

	with agency complete survey.		
<b>Client Satisfaction</b>			
<b>Method or Tool</b>	<b>Frequency</b>	<b>Utilization</b>	<b>Action</b>
Satisfaction Survey	Within 90 days of request	Surveys	Areas needing improvement are to be addressed by leadership and staff to ensure continuous quality improvement.

**PROGRAM NAME:**

Family Support & Preservation (Line 7, Expenditure Workbook)

**SERVICE PROVIDER:**

Tuolumne County Child Welfare Services

**PROGRAM DESCRIPTION**

This program provides vulnerable families with concrete assistance related to the needs of a child or parent that are not available through other means. This could be assistance with transportation, counselling, support for extracurricular activities, etc.

**FUNDING SOURCES**

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	Basic needs, concrete supports, behavioral and mental health
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): AB 2994	

**IDENTIFY PRIORITY NEED OUTLINED IN CSA**

Table 12 on page 12 of the CSA shows that families with children are more likely to live in poverty than families without children. Specifically, 9.8% of all families and 17.5 percent for families with children in the County live below the poverty level. Of those families, those with children and a female head of

household comprise 35.2% of the County’s population living below the poverty level. Families in the child welfare population are often female-headed families and families in poverty often have challenges meeting basic needs and experience more stress.

**TARGET POPULATION**

Families with children at-risk of removal or who are working to reunify.

**TARGET GEOGRAPHIC AREA:**

Countywide

**TIMELINE**

May 12, 2019 to May 12, 2024

**EVALUATION**

**PROGRAM OUTCOME(S) AND MEASUREMENT**

Desired Outcome	Indicator	Source of Measure	Frequency
Increased concrete support to families in times of need.	75% of respondents indicate a supportive contact with the agency.	Survey	Ongoing Quarterly

**QUALITY ASSURANCE (QA) MONITORING**

Desired Outcome	Indicator	Source of Measure	Frequency
Parents have an opportunity to provide feedback about the services.	50% of parents contacting the agency with support needs respond to the survey.	Survey	Quarterly

**Client Satisfaction**

Method or Tool	Frequency	Utilization	Action
Satisfaction Survey	Within 90 days initial request.	Surveys are provided by service provider.	Areas needing improvement are to be addressed by leadership and staff to ensure continuous quality improvement.

## Attachment D: Notice of Intent

**Child Welfare**

**Probation**

## Attachment E: Board of Supervisors Minute Order/Resolution

**Child Welfare**

**Probation**